# JOURNAL MISSOURI STATE MEDICAL ASSOCIATION

Volume II FEBRUARY, 1906 Number 8

## ORIGINAL ARTICLES

### RECURRENT ZOSTER AND NEURALGIC REPEATING HERPES.

By Joseph Grindon, M. D., St. Louis.

That zoster as a rule occurs but once in a life time has been known from early times. Rare exceptions were occasionally recorded, but no attempt was made to collate or classify them, or to inquire into their causes, until twelve years ago when I read a paper on the subject before the American Medical Association.* This paper contained a synopsis of sixty-one cases, all but a few collected from the literature of the subject. These were all that I could find after a diligent search commencing with the earliest records. Even of this number there were some that, as I now believe, should not have been included. Thus, cases II, III and IV may be rejected as being perhaps only cases of obstinate consequent ulceration, not a rare phenomenon, and one having little in common with recurrence of the original eruption. Dr. Duhring has assured me that the case designated in my list as case VII and reported by him as "dermatitis vesiculosa neurotraumatica of the forearm" was essentially different from zoster, a statement which I necessarily accept. I had included it on account of its presenting several points in common with Kaposi's atypical hysterical type. Case VIII, described by Galton as "traumatic neurosal pemphigus" is also open to objection, as I admitted in my original article. These comments also apply to case XII (Bayet)' "bullous and gangrenous recurrent lesions on hands and knees," and to case XXXIII, Kaposi's "pemphigus neuro-traumaticus." Case VI (Milton's) may have been one of simple relapsing herpes, although there was scarring. Of case XXXVI (Mackenzie). "multiple symmetrical zoster," I said, "I question whether it was in any sense a zoster." The last six cases in my list belonged to Kaposi's "zoster gangrenosus recidivus atypicus hystericus," and were introduced with the remark that "the cases constituting this type . . . . present many marked points of difference which separate these from other zosters or zosteroids, and justify their being placed off by themselves as a separate clinical if not pathological

*Read by title at the meeting of the Missouri State Medical Association, Excelsior Springs, Mo., May, 1905:

entity." They were included for the sake of making a full presentation of the subject, but this later study will gain in clearness and usefulness if limited to fewer and more simple types.

This leaves forty-six fairly characteristic cases, to which I can now add three personal cases, nine culled from reports published since 1893, and one earlier report which I had before overlooked.

In my first article I arranged the cases as follows (now omitting the Kaposi type):

Group 1. Chronic zoster (overlapping recurrences).

Group 2. Recurrences several or frequent.

Sub-group A. Frequent recurrences at same area.

Sub-group B. Several recurrences at varying sites.

Sub-group C. Several recurrences at the same and again at a distant site.

Sub-group D. Several recurrences, sites not definitely stated.

Group 3. Single recurrences.

I shall here follow the same classification. Nine of the additional cases belong to group 2.

*Group 2, sub-group A.* "Frequent recurrences at same area." Case 1. Leloir[2] (Quoted by Besnier and Doyon, overlooked in writing my former article). A vigorous physician of sixty-three, has had for several years, a vitiligo which has successively invaded the genital organs, trunk, limbs and face. When seen by Leloir he was suffering from a left intercostal zoster of the most classical type, being the tenth attack of its kind.

Case II. Matignon.[3] Young soldier, has had recurrent ophthalmic zoster from childhood, three or four times a year. Each attack is preceded by fever and the general phe 35. Had pains in the genital region

Case III. Beatty.[4] Man, aged nomena of true zoster.
followed by vesicles on the scrotum and between some of the toes, in July, 1894, February, 1895, May, 1895, December, 1896, April, 1897. Intervals from three to nineteen months.

Case IV. Hirtz and Salomon.[5] Man, aged sixty-seven. Alcoholic. Pain and eruption right buttock and thigh, July, 1901. Former history: In 1895, similar attack, and since then each year in January or February. Sciatic and crural nerves tender. Last recurrence February, 1892, five patches on right buttock and two small ones on left. (This was also, therefore, *quoad* the last attack, an example of bilaterality).

Case V. Reichman.[6] "Herpes zoster menstrualis sacro-lumbaris." Woman, aged thirty-five. Syphilis at nineteen. Recurrence (oral lesions) at thirty-three. Menstruation appeared at twelve, always scanty. For the last ten years, from the age of twenty-five on, there have regularly appeared at each menstrual epoch, vesicles preceded for two or rthee days by burning sensations, and disappearing in eight to ten days. In September, 1900, the group observed was the size of a silver dollar. In November of the same year the eruption for the first time was symmetrically distributed, but the next two manifestations were on one side only. (Mark the tendency to even-

tual bilaterality.

Case VI. New personal observation. Man, sixty, musician. Well advanced interstitial nephritis. For the past twelve years a group of vesicles on a reddened base, the size of a silver half dollar, has appeared once a year, preceded by neuralgic pains, always at identical spot.

Case VII. New personal observation. Physician, aged fifty-one, of excellent health and robust frame, has had for the last fifteen years, three times a year, a crop of vesicles the size of a silver half dollar, always at an identical point on buttocks, preceded by neuralgic pains.

Case VIII. New personal observation. Clerk, aged forty, general health good, has had for the last six years, once a year, a crop of vesicles the size of a silver half dollar, always at an identical spot on the buttocks, preceded by neuralgic pains.

*Sub-group C.* Case IX. Pernet.[7] Woman. Right intercostal zoster in December, 1891. Group of papules passing into vesicles, below right angle of lower jaw, preceded by neuralgic pains in right side of head in December, 1892, February, 1896, and November, 1896. This case could practically be included in the last group.

Case X. Winfield.[8] Man, aged thirty-five. Single recurrence of zoster. Four years earlier a left intercostal zoster. Aestivo-autumnal fever the next three years. Present attack, right intercostal, preceded by return of malaria. Severe neuralgia. Cervical adenopathy. Crescentic parasite in blood.

*Not classified.* Cases XI, XII, and XIII. Fabre. "Four clearly defined recurrent cases out of two hundred and seven zosters." (One of these I cited in my former article as case XLI).

Of the fifty-nine cases now serving as material for study we may group together two of the eight (six being dropped as explained above) originally classified by me as chronic zoster (since overlapping crops only differ in the time-factor from those that are successive), twenty-two of the twenty-three in sub-group A, and the second to the ninth cases inclusive, detailed in this paper, making thirty-two in all, or 55 per cent of the whole, without reckoning Fabre's "other cases" of unstated number, referred to later. The other twenty-seven cases, while full of interest, do not group themselves so naturally as to facilitate generalizations. Let us, then, more closely examine this group of thirty-two cases.

We find that the proposition enunciated in my first paper, of the coincidence of the phenomena of frequent recurrence and of recurrence at the same site, remains unshaken. Bilaterality, most rare in other forms, is present in seven out of twenty-four cases of the former series, and in cases IV, V and IX of this communication. Extension to contiguous nerve areas on the same side occurs rarely. Two cases in the earlier series ultimately extended from one trigeminal branch to another, but not to another nerve area. Preceding or accompanying simple herpes is noted in a few of the cases.

Of the thirty-two cases, nineteen (Nos. 1, 9, 10, 11, 14, 15, 18, 19, 24, 25, 29, 30, 31 of the former series, and Nos. 2, 5, 6, 7, 8, 9 of the present)

may be considered to form a smaller class by themselves. In three of the first list, however, details are not given. This leaves sixteen cases, to which I will now more particularly call attention. They are characterized by the *frequent* recurrence of a *single*, usually *small* patch. With these are to be classed the cases mentioned (but not enumerated) by Fabre, of which he says that besides the four "clearly defined" recurrent zosters mentioned in the previous citation, he has seen others, which he would call *zona a repetition*, in which the disease, after being entirely cured, reproduces itself in the same place and at rather regular intervals, not exceeding twelve or fifteen months.

These cases form a natural group intermediate between zoster and simple relapsing herpes, such as is so common about the nares and lips, and about the genitals. They differ from true zoster in their recurrence, in their limitations to a single, usually small, patch, and in their sites of election, while they resemble that disease in the conformation and grouping of the lesions and in the preceding and accompanying neuralgia. They differ from simple herpes in their more inflammatory appearance and deeper involvement of tissue, in the longer duration of each attack, in the usually much longer interval between attacks, in their neuralgic phenomena, and in the sites implicated (in my series, face, forearm, finger, back, shoulder, hip and buttocks), while they resemble that disease in their leading feature of recurrence.

Fabre's name of *zona a repetition* describes this type better than the term "recurrent zoster" inasmuch as each attack is not only a recurrence but an exact reproduction of those that preceded it. These cases probably correspond to Bertholle's "herpes recidivant de la peau" and have much in common except as to location, with Mauriac's "herpes genital nevralgique." Besnier and Doyon divide simple herpes into three forms: (a) herpes of the mucosa, (b) herpes of the skin, (c) peri-orbicular herpes, that found about the natural orifices. They would place the groups now under discussion in class b, with which classification I cannot agree for reasons given in the last paragraph.

In the following table are shown some of the leading features of this form:

TABLE SHOWING CHARACTER OF NEURALGIC REPEATING HERPES.

| SEX | AGE | LOCATION. | DURATION. | INTERVAL | PRODROMAL NEURALGIA. |
|---|---|---|---|---|---|
| Woman.. | 26 | Face | Many times | | Present. |
| Man | Young | " | From Childhood.. | 3 to 4 months | " |
| Boy | 7 | " | 6½ years | 5 to 6 months | " |
| Man | | " | 5 years | 3 to 4 months | Not stated. |
| Man | 28 | " | 5 years | 12 months | Present. |
| Woman.. | 39 | Forearm | 13 years | 5 to 6 months | " |
| Man | | " | 1 year | 12 months | " |
| | | Index finger | 2 years | At first 3 to 4 months, later 6 to 8 weeks | " |
| Woman.. | old.. | Below scapula.. | Few months | Overlapping attacks | " |
| Man | 33 | Shoulder | 3 years | 12 months | Not stated. |
| Man | 23 | Hip | 6 years | 6 weeks | " " |
| Man | 67 | Buttock | 7 years | 7 to 13 months | Present. |
| Woman.. | 35 | " | 10 years | 1 month | " |
| Man | 60 | " | 12 years | 12 months | " |
| Man | 51 | " | 15 years | 4 months | " |
| Man | 40 | " | 6 years | 12 months | " |

In only two of these (the fourth and fifth of the table) was there a history of traumatism.

The most descriptive title for these cases would be "neuralgic repeating herpes." The other recurrent cases are possibly in rare instances, a second attack of true zoster, just as small-pox or scarlatina may occur by way of exception more than once in the lifetime of an individual, or are zosteroids due to continued peripheral irritation, traumatism, pressure or nerve trunks, chronic neuritis, or possibly, to a continuous toxæmia.—3894 *Washington Boulevard*

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## CONGENITAL DISLOCATION OF THE HIP.

### Report of the Ultimate Results Following the Treatment of Eleven Cases.*

By NATHANIEL ALLISON, St. Louis.

Congenital dislocation of the hip was regarded as a hopeless deformity a generation ago. It is now looked upon as a condition which, in a majority of instances, offers no great obstacle to correction. Bradford has recently very aptly compared it to congenital club foot, and Jackson Clarke has stated that it should be classed with club foot, among curable deformities. This does not seem at all an exaggeration to one who has followed the progress made in the treatment. The great change in mental attitude from that of thirty years ago is impressive, inasmuch as we now look upon a class of cases as curable, that were abandoned thirty years ago to the life-long endurance of a most crippling deformity. As Americans we may feel some pride in the fact that an American surgeon was the first to seriously attempt the correction of this deformity. Since his day the advance has been gradual and convincing. We owe much to the efforts of a few men who strove unceasingly to achieve the impossible. It is not my object to discuss the proportionate amount of credit that is due to Paci, or Lorenz, to Hoffa, or to Bradford. Let it suffice that due to the combined efforts of these men and others a resultant has been attained which gives assurance that the number of incurable cases is fast approaching a vanishing point. A recent report from the Boston Children's Hospital shows conclusively this transition. The results obtained in all the cases treated at that

*Read before the St. Louis Medical Society, December 16, 1905.

institution up to July 23, 1903, are reported:

Between 1884 and 1896, 21 cases were treated mostly by appliances and prolonged traction. *Result*: Not one success.

Between 1896 and 1902, fifty-four cases were treated mostly by the open operation. *Result*: Twelve successes, 13 failures and 29 unknown results.

Between Jan. 1st, 1902, and July 23d, 1903, fifty-five cases were operated upon, mostly by manipulation. *Result*: Thirty successes, 12 failures, 13 improved positions.

Reports of similar character to this have appeared of late from the various places where much of this work is done. That there is a most gratifying increase in the percentage of successes even the most pessimistic can but agree. It is not visionary to predict that with the widespread knowledge of this deformity and the ability to recognize it early and subject it to the proper treatment, few cases will be allowed to pass the age limit set without being subjected to the measures necessary to reduction. As to the age limit, it is generally conceded that the age limit set by Lorenz is a good guide for prognostication of the result to be gained by manipulation. It is only a rule, however, which allows exceptions; for instance, the muscular development of the child plays an important role, one individual of five years may offer more resistance to forcible stretching than another individual of seven years.

As to the treatment, Bradford's comparison of this condition to congenital club foot gives in a way the indications, i. e., in young children, simple manipulation gives a large percentage of cures; in older and more resistant cases, mechanical stretching, open operation, and osteotomy are at times necessary.

Due to a few unfortunate results the idea became prevalent at one time that the manipulative reduction of these cases is an operation of great violence and one accompanied by danger to life and limb. The results show that there were the operation is properly done such fears are groundless. Lorenz has said that it is at times "almost playfully easy" to reduce these dislocations, and it is a recognized fact that even in children of good muscular development who have arrived at the age limit, suitable preliminary treatment, such as systematic abductor stretching, or subcutaneous division of shortened muscles combined with traction, will obviate much of the force necessary at a "one sitting" reduction. The femoral head may be placed in the rudimentary acetabulum in the majority of cases without unusual danger or difficulty. Being so placed with the femur in right angle abduction—"the frog position"—the parts are held for six months by a plaster of Paris dressing —radiographs may be taken meanwhile to give assurance of the relative position of the bones. After these six months of fixation the cast is removed and we are brought face to face with the beginning of a very tedious and difficult treatment. Due to the long confinement in the right-angled abducted position the muscle group between the pelvis and the trochanter has become much short-

ened. The abductor group is usually stretched and injured by the manipulation necessary to reduction. To these we must add the anatomical changes incident to the deformity, viz., a shallow acetabulum, a deformed femoral head, changed direction of the femoral neck, and a shortened ilio-femoral ligament. All these obstacles make the return of the limb to the weight bearing, walking position a task which is liable to discouragement and disappointment both to the surgeon and the parents of the child. Relapse is liable to occur. Bi-lateral cases present more than double the amount of difficulty; the operation must be repeated at times, and even after repeated attempts, the best that can be accomplished is a transposition of the femoral head to a stable position near the defective acetabulum. These are great difficulties and incline one to the opinion that the after treatment of these cases is a consideration of first importance. However, great as these difficulties are, requiring as they do persistence and patience, we have the satisfaction of realizing in almost every case that a result of much improved function may be obtained. In a small percentage of cases repeated relapse makes it necessary to resort to open operation in order to discover and remove the anatomical inconsistency to stable reduction. Let me emphasize again the care that is necessary in the *after treatment* of this condition.

This report covers eleven cases, a sufficient period of time having elapsed to justify the claim that in almost every case the report is of

**CONGENITAL DISLOCATION OF THE HIP**

| No. | CASE | Age | Sex | Single or Double | Muscular Developement | Complications | Shortening | Date of operation | Operation | Relapse op. repeated | Present Condition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | A | 7 yrs | F | Bilat | good | | 2½ | April 1903 | prelim stretching manipul. reduc. | | Reduction stable. no limp. no lor. |
| 2. | B | 8 yrs | F | " | fair | | 3 | May 1903 | Osteotomy | | Abduction. sl. limp. lordosis less |
| 3. | C | 8 yrs | F | " | poor | | 1½ | May 1904 | Manipulation reduction | Rt side Sept 04 Jan 05 | Reduction stable. no lordosis. sl. limp on right. |
| 4. | | 9 yrs | F | unilat left | good | | 2¼ | June 1904 | " | June 04 | Transposition with stability. Gait |
| 5. | H | 2 yrs | F | unilat right | fair | | 1 | June 1904 | " | Sept 04 July 04 | improved |
| 6. | F | 3 yrs | F | unilat left | fair | | 1 | July 1904 | " | Oct 04 | Unknown |
| 7. | G | 2 yrs | F | Bilat | poor | | 1½ | Oct 1904 | " | Rt side June 05 | Reduction stable. no limp. no lor. Function normal |
| 8. | H | 4 yrs | F | unilat left | good | | ¾ | Nov 1904 | " | | Rt. hip reduced, still some abduc. left. hip transposition function improving |
| 9. | I | 2 yrs | M | Bilat | fair | | ¾ | March 1905 | " | | Reduction stable; no lor. no limp. normal function. |
| 10. | J | 11 yrs | F | " | poor | Dorsal Pott's | 2 | July 1905 | Osteotomy | | Reduction stable. lordosis gone |
| 11. | K | 7 yrs | F | " | good | d'bl club foot | 1¼ | Sept 1905 Oct 1904 | manipulation reduction | | Function returning Union in abduction. Gait much improved. Died of T B meningitis 4 mos after reduction |

**Summary**

Eleven cases in all.
Seven double dislocations.....14 hips
Four single..... 4 "

Total No. of hips.....18

**Sex**

10 girls
1 boy
Single dislocation { 1 right side / 3 left side

**Double Cases**

2 double cases (4 hips) Formation of new acetabula with stability. Adduction deformity relieved by osteotomy. **Result**—Great improvement.

1 " " (2 " ) Died of tuberculous meningitis 4mos. after operation.

3 " " (6 " ) **Success**—Reposition, on both sides with good function.

1 " " (2 " ) **Success**—One side; other side transposition.

Total 7 " " 14 "

**Single Cases**

1 single case (1 hip) **Success**—Reposition, perfect function

1 " " (1 " ) **Transposition**—Improved function

1 " " (1 " ) **Success**—Reposition, perfect function.

1 " " (1 " ) **Unknown**—Slipped out twice; replaced; present condition unknown

Total 4 " " 4 "

**Results**

Seven double cases (14 hips) Success 7 hips
Four single " 4 " " 2 "

Total—Success.....9 "
Transposition....2 "
Unknown .....1 "
Osteotomy .....4 "
Died.....2 "

18 "

the ultimate condition. The first two cases were operated upon by Dr. Steele and myself early in 1903. I introduce them into this report to confirm a report made by Dr. Steele at an earlier date. Much of this work is the conjoined efforts of Dr. Steele and myself and I am under great obligations to him for the knowledge he has imparted and the kindness he has shown to me in the treatment of these cases in the making of this report.

The skiagrams illustrate the condition before and after operation. It has been frequently observed that the x-ray plate is not an exact memorandum of the functional result. For instance in case A the functional result is perfect whereas the skiagram after operation shows the femoral heads and acetatular cavities far from normal. The two cases on which sub-trochanteric osteotomy was done were cases where the femur had dug out for itself a new acetabulum and had become stable there. These cases both had adduction to the amount of standing and walking with legs crossed. The abduction gained has established a much improved gait in each case. One of these cases had as concomitant conditions, double club foot and dorsal Pott's disease.

I am indebted to Dr. Clopton for collaboration in cases 9 and 10. One of these was a boy with double dislocation. The pelvis of the child that died of tuberculous meningitis gave me an opportunity to carefully study the anatomical condition present in that individual case.

Eleven cases are not sufficient number from which to draw many conclusions. However, I feel justified, considering the range of conditions presented by these cases, in making the conclusion: that the number of cases that are beyond aid is very small; that the operation is neither difficult nor dangerous; that the after treatment is long, difficult and subject to disappointment;

Case F. Before operation. Single.

Case F. Reposition. After 16 mos.

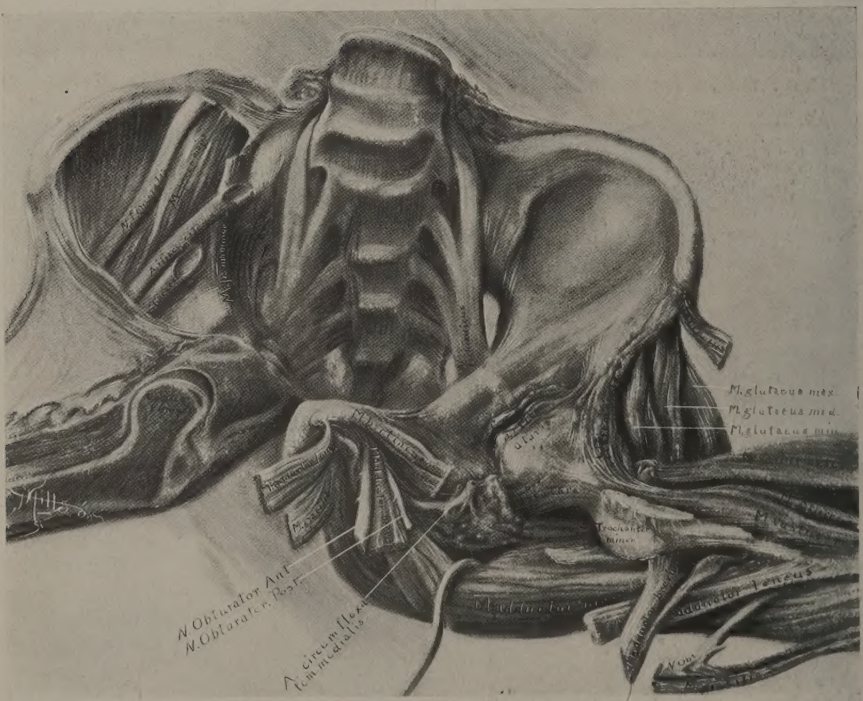
Case C. Double Lordosis Before operation

Case J. Formation of New Acetabula

Case K Double Lordosis and Adduction. Before operation

Case I. Double Case. Before reduction.

Case I. Double Case. Six months after reduction.




Anterior view of specimen, showing frozen section of right side and partial dissection of left side.

that an early diagnosis is of the utmost advantage to surgeon and patient.

*Demonstration of Specimen.*—This specimen is the pelvis and the upper halves of both femora—the hip articulations intact—removed from a double case that died in the fourth month after operation. The reposition was anatomical as you may see by the right side which is sectioned. I present this to you to show that even though many anatomical conditions exist in these cases, which are wide departures from the normal, it is nevertheless possible to obtain anatomical replacement. I wish to call your attention particularly to the shortness of the ilio-femoral band, and to the care necessary to prevent this ligament acting as a positive force tending toward re-dislocation.

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DISCUSSION.

Dr. A. J. Steele said the essayist had been extremely fortunate in having had the opportunity of examining and studying the anatomical relations of the tissues and parts in a congenitally dislocated hip. The preparation of the dissections and the representative drawings had certainly been carefully and accurately made. The practical lessons deduced therefrom would seem to indicate that the now generally accepted method of treatment was correct. As to the term "congenital dislocation", Dr. Lewis A. Sayre thought better to call the condition a "misplacement", as he believed the head had never been in its socket, therefore could not have been dislocated. But we now do believe that in early intra-uterine life the joint was normal and that from causes, not yet clearly understood, the head was sooner or later forced out. Again there are others who would limit the term dislocation to cases occurring after birth. But the consensus of professional opinion today is in all cases to retain the old term. In any case the fact remained that the child was born with the hip out of place and the condition was not noticed until a year or two later. It is very curious why 88 per cent. of the cases occur in the female. It is one of the nuts that the orthopedist has to crack. After a number of post mortems on both male and female fetuses, possibly it may be determined just why it occurs. This condition was not always quickly recognized. Several cases had been sent to him which had been diagnosed as spinal trouble because of the extensive lordosis. In the early days when the case was correctly diagnosed the surgeon did not know what best to do. Dr. Brown, of Boston, reported about that time a case successfully treated by traction, a cure following

two or three years of continuous pull. With this report before him Dr. Steele had adopted the method in his first case. He had used uninterrupted traction for two or three years, keeping the child on her back then with straps so applied as to keep the great trochanter well down, the child was permitted to get up and walk about. In an inopportune time she went to visit her grandmother, whose misapplied sympathy took the brace off thus allowing the bones to slip up. Yet the condition was not so bad as before. That patient is now a young woman and could dance and skate and has but a very slight limp.

Two points should be considered in regard to the preliminary treatment. The matter of relaxing the muscles before the operation was very important. Unless in a very young patient the abductors should be divided, and traction made for one or two months. This overcame the resistance and the reduction became a more simple matter. Another obstacle was the capsule doubling in on itself. It was stretched and became hour-glass in shape and there remained only a small opening for the head to get through into position. For this reason Dr. Harry Sherman, of San Francisco, in all cases did an open operation. His method was to cut down on the capsule, enlarge the constricted portion, and slip the head through it into the acetabulum. He had recently told Dr. Steele that he had no bad results in many cases from this method. Dr. Steele had asked him why he did not try the manual operation first and, if not successful, then the open operation, and he had replied that he did not want to waste time. If there were no danger of after results that might be the best, but, aside from that objection, parents were not always willing to submit a child to such an operation.

Dr. Lorenz was not to blame for the newspaper fire works that attended his visit, some two years since, but while some things that occurred about that time were to be condemned, great praise was due him for the good he did in travelling about the country and calling attention to the subject as it had never been before. Of the seven cases, (eleven hips) he operated on in St. Louis, the results were unfortunate. But two were perfectly successful. The questionable results were not to be attributed to any want of knowledge or skill on the part of Dr. Lorenz. The cases had been left to the care of Dr. Steele, without positive instructions as to what the after treatment should consist of. The preliminary treatment and after treatment were both exceedingly important.

As to the Bartlett machine, Dr. Steele had the pleasure of entertaining Mr. Bartlett and obtaining his ideas, and he has seen the work done in Boston by this machine, but the speaker did not believe it would ever come into general use. There was danger of going too far with it and doing harm.

With a thorough understanding of the normal relations of the thigh bone it became a probe in the hands of the surgeon and he knew just where to place it.

Dr. Philip Hoffmann thought the

paper one of the most important that had been presented before the society for a long time. Dr. Allison should be very proud of the result—50 percent of anatomical replacements with retention of replacement. Practically this came up to the claims of Lorenz himself. When one remembered that Ridlon but a year and a half ago collected the cases operated on by Lorenz in this country and reported as a final result but 10 per cent of anatomical repositions, or a slightly larger percentage, Dr. Allison's results certainly showed something for the advance of this operation. Doubtless the discrepancy between the early results and those of the present day was due to increased care in the after treatment. Again, Dr. Hoffmann doubted whether Dr. Allison would expect to find quite as high a percentage of perfect results in one hundred cases as in the number reported, yet the report of the Boston Children's Hospital in 1903 showed that of 33 cases, 22 were anatomical repositions with retention, and these cases were examined by good orthopedic surgeons. Hoffa, in June 1904, reported permanent replacement in 30 per cent, i. e., 75 out of 250 hips operated upon. By reposition Dr. Hoffmann did not mean that the head of the femur was merely opposite the acetabulum, but that the head was within it, in the normal position. One of the difficulties in the way of securing this reposition was the constriction of the capsule at the superior and posterior part of the acetabulum, leaving an opening in many cases smaller than the femoral head. Sherman found this condition in twenty-seven out of twenty-eight hips in which he had done arthotomy and explored the narrow part of the capsule with his finger. It is difficult to understand how so large a percentage of femoral heads are forced through this narrow opening into direct contact with the cartilage of the acetabulum. The head, if not forced through, would, when brought opposite the acetabulum, be separated from it by an intervening fold of capsule. Lorenz' operation was first reported in 1896 and had been performed many times in this country before his visit in 1902. Though the notoriety which attended Dr. Lorenz' visit was unfortunate, yet his work here stimulated the surgeons over the country to think of this operation as they had not though before and led to development of technique in both operation and after treatment and to the realization that not only must the head of the femur be gotten into position, but that it must be kept there. Dr. Allison's specimen showed very well why redisplacement after correction might easily occur. It was a rare specimen and well worked up. A new procedure in the treatment of these cases was the mechanical reduction of the dislocation, reduction by means of the Bartlett machine, as used in the Boston Children's Hospital. By the aid of this machine one can exert a strong and exact traction and abducting force and, by means of a special plate, the trochanter can be pressed downward and forward. Lorenz' objection to the machine, that it deprived the operator of the use of the sense of touch, could be applied to almost any in-

strument used in surgery. Dr. Hoffmann thought that force could be used much more exactly by means of the machine than by the hand.

Dr. Malvern B. Clopton said that one case that showed the bad results of neglect of this condition had just come to his notice. The patient was a woman 33 years old with a congenital dislocation of the *left hip* which had never been diagnosed or treated. She had a bad limp and about ten years ago commenced having pain on the *right* side which gradually grew more severe. The dislocated hip slipped more and more and the right hip had more and more to do. Dr. Clopton had seen this patient recently and she was just recovering from a severe attack of what looked like tubercular hip disease. The leg was flexed, very little abduction could be made out, some motion in flexion to about 40°. An x-ray picture of the right hip showed deposits similar to osteoarthritis, possibly due to the trauma of her walk. She had never used crutches or any apparatus. The patient was now completely disabled and it was a question what could be done for her. None of the other joints were in any way affected.

Dr. James H. Tanquary congratulated Dr. Allison on the successful outcome of his cases. But a few years ago such cases were much less successfully treated. As to treatment, the prospects of success were greater the earlier the cases were treated. However we may dislike the methods of Lorenz in advertising himself, if he was to blame for it, it must be admitted that since his work along this line there has been great improvement in the treatment of these cases. His method is generally adopted now by those who had given most consideration to the study of these cases, and his method had come to stay. Among young patients his methods if carried out gave greater success than any other.

Dr. Kieffer asked the essayist to give the percentage of cases in which the head went through perfectly, and whether there was any means of determining whether the head really was through. Sherman claimed that in 90 per cent of cases it was absolutely impossible to get the head through, hence it was impossible to get a good result.

Dr. Allison, in closing, replied first to Dr. Hoffmann's question as to whether he thought the percentage would have been as large in a hundred cases. Of these 18 hips he felt he was very fortunate to get 9 stable reductions. In 100 cases the percentage of success would probably be less. Still the percentage had gone up so remarkably with the improvement in the after treatment that he would not say it would be impossible to get a 50 per cent success. The best answer to Dr. Kieffer's question is the statistics. Almost everybody has agreed that the thing to do is to subject these patients to the manipulative operation and that in 30 to 40 per cent one will get anatomical reposition without the capsule being interposed between the acetabulum and the head, and that they will stay in position. The open operation was tried first. It gave a greater percentage of failure than the manipulative method. The Boston Children's Hospital reports,

between 1896 and 1902, fifty-four cases operated upon by the open method with 12 successes. This was the Hoffa operation. This point brought up by Dr. Kieffer is quite cleared up by statistics, showing the rapid improvement in treatment. The thing to do is to manipulate them repeatedly and then, if the hip will not stay reduced, the open operation may be tried. Cases will often relapse. By this method one avoided getting an ankylosed hip which is as bad as dislocation.

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## BENIGN TUMORS OF THE BREAST.*

By Roland Hill, M. D.; C. M., St. Louis.

In discussing the subject of benign tumors of the mammary gland, it is my intention to use the word tumor in its widest sense, and include all chronic adventitious swellings of a benign character.

During the past few years, the bright light of modern surgical investigation has been brought forcibly to bear upon diseases of this region, and has served materially to increase and clarify our knowledge concerning these interesting pathological conditions. The investigations that have been made have emphasized the fact that malignant growths of the breast are found much more frequently than those of a benign character.

They have, also, demonstrated emphatically that there is a tendency, more or less marked, for malignant processes to supervene in the presence of a benign tumor. It is true that some tumors, such as adeno-fibroma, may persist for years without causing any grave trouble, while other processes, such as Paget's disease of the nipple, usually terminate in cancer within a very short period of time. The fact, however, that certain classes of tumors of the breast usually remain benign, justifies us in making the broad classification of mammary tumors into the two classes: 1, those that are benign, and 2, those that are malignant. In order to determine the relative frequency of breast tumors to other surgical lesions, I secured the statistics of the Johns Hopkins Hospital, since I regarded them as being as reliable as any that could be obtained. A review of these statistics, kindly secured for me by Dr. Hurdon, shows that of the first 13000 surgical cases examined, there were 504 breast tumors. Of this number 163 were benign, while 341 were malignant. Of the 163 cases classified as being benign, there were found the following varieties: Intracanalicular myxoma, 46; simple cysts, 32; adeno-fibroma, 17; chronic mastitis, 17; acute mastitis, 13; tubercular mastitis, 12; cysts with intra-cystic papillary growths, 8;

*Read at the annual meeting of the Missouri State Medical Association, Excelsior Springs, May, 1905.

hypertrophied male breast, 6; cystic adenoma, 5; adenoma, 3; lipoma, 2; dermoid, 2.

*Fibroma, Adenoma and Myxoma.* Of these growths we can describe together, the intra-canalicular myxoma, the adenoma and the fibro adenoma, because of their similarity and close association. In fact, most of the authors describe them all under adeno-fibroma.

Pure adenomata of the breast are very rare, and consist of small tumors, made up of proliferation of epithelium of some part of the gland.

Mixed forms of tumors are very much more common. These consist of glandular structure and increase of inter-glandular connective tissue. Between the ducts of the gland lies a well developed layer of connective tissue, appearing as dense, hyaline masses, with abundant nuclei. It is especially well developed in young women, and is the seat of origin of all fibroma and sarcoma of the mammary gland. Pure fibroma, like pure adenoma, are exceedingly uncommon, but mixed forms consisting of the glandular and connective tissues are met with quite frequently. According to the predominence of one or of another tissue, we make the diagnosis adeno-fibroma, adeno-myxoma, myxo-fibro-adenoma, etc.

The glandular constituents often present limitations which are round or slit shaped, and these cystic fibro-adenomata have a peculiar appearance, since even with the naked eye one can see on the cut surface the reddish, gray tumor masses, studded by numerous finer or coarses cavities, or slits. This appearance becomes more complicated through the projection of the tumor masses into the cyst cavities. If these projections consist only of fine papillae the tumor may be spoken of as cysto-adenoma papillare, but usually, we speak of cysto-fibroma or myxoma intracanalicularae because the papillary, warty polypous masses projecting into the glandular cavities consist of tumor tissue. The ingrown masses fill up the cavities so that only irregular slits are left, and it is only after removing these masses from the lumen that the latter can be recognized. This form of tumor has been compared in appearance to the cut surface of a cabbage.

In some of these fibro adenomatous growths it is necessary to make more than one section in order to determine its character, as in one part it may seem like a pure adenoma, or myxoma, while in another part the fibrous tissue may prevail. The ducts become elongated, and the acini enlarged, a condition that leads to cystic formations.

In firm fibro-adenoma the connective tissue is hard and firm, while in the softer non-elastic and more rapidly growing varieties it has the character of myxomatous tissue. When the gland produces a mucous serous secretion, the ducts become distended, and cysts appear. If such a cyst contains milk it is called a galactocele. Clinically, these fibro-adenomata vary in size from a marble to several inches in diameter. Occurring in women under 25 they are almost certain to be benign. They usually occur in young women under thirty, and are particularly common in the upper and outer quadrant of

the breasts. Age is, however, not a definite diagnostic point, as I have personally removed scirrhous cancer of the breast in a woman of twenty-eight. If these growths become very large it is usually due to cyst formation.

These tumors are generally single, and have a capsule, although at times the capsule is hard to differentiate. In one of my recent cases the condition was most interesting. A large fibro-adenoma occupied the lower part of the breast. This was about the size of a small orange, and the remainder of the breast was simply studded with small fibro-adenomatous nodules, about the size of a marble, to such an extent that I considered the removal of the whole gland a justifiable procedure. This occurred in a girl of fifteen.

In another case, in a young woman of twenty, I removed a fibro-adenoma the size of a walnut from the upper and inner aspect of the left breast. The gland seemed intimately associated with the tumor, and a capsule could not be made out.

These fibro-adenomata are freely movable, and, as a rule, not painful. They are not adherent to the skin, and do not tend to recur after removal. Both breasts may be affected at the same time. In cases where the myxomatous tissue predominates, in other words, in an adeno-myxoma, or an intra-canalicular myxoma, where the growth is extreme and involves the entire breast, you are very likely to find sarcomatous changes in the myxomatous tissue. These changes were found in four of the fifty cases analyzed by Dr. Bloodgood. Of cystic adenoma there were five benign and twenty-four malignant, but it is impossible to say whether the latter started as benign growths or not. These are a different type from the simple cysts associated with senile changes, and sometimes called cystic mastitis.

*Cysts of the Breast.*—While cystic conditions prevail in connection with other growths, as in the adenoma or sarcoma, still they occur independently in many cases, while in others they are the predominating clinical feature of the growth.

J. Hutchinson Jr. maintains that 80 per cent of the cysts occurring in the breast are retention cysts. Wm. T. Bull says that in fourteen years he has seen thirty-nine cases of retention cysts, and eight cases of general cystic disease, but that he has never seen a case of sebaceous or hydatid cyst. (In Bull's cases the majority of the patients were married women.) Of these thirty-nine cases, twenty-two were married and seventeen were single, and in only four was there a previous history of sore nipples. A blow or a fall could be noted as a possible cause in six cases. The ages varied; in seventeen cases the patients were between forty and fifty; in ten cases between thirty and forty, and in nine cases over fifty.

The duration of the disease had varied from one week to ten years. Single cysts were present in twenty-one instances, and two or more in seven cases. Cysts of both breasts were found in four patients, and two or more in both breasts in two cases. The axillary glands were enlarged in two cases.

The character of the cyst contents

varied from a thin turbid serum to a gray or brown fluid.

One of the most interesting contributions on the subject of mammary cysts is that of Thomas Bryant, of England. He asserts, 1. That simple cysts are more common than generally believed; 2. That they usually occur at the same period of life as cancer; 3. That they are amenble to local treatment, without the sacrifice of the gland in which they are situated; 4. That there is no reason to believe that women who have these cysts are more liable to have cancer than those who have not.

Bryant analyzed 242 cases of breast disease occurring in his private work, and found 167 solid tumors, cancer or sarcoma, and 67 cases of cyst disease. Of the 12 cases remaining 8 were adenomata, 2 lipomata occurring in parts covering the breast, and 2 were carcinoma (in men). These facts suggest the conclusion that one out of every four tumors of the breast will be a cyst.

A further analysis of these statistics shows that 77.5 per cent of these cysts occurred in women who were over forty years of age, or at the same period of life as cancer. There were but two of these cysts that contained intra-cystic growths, and they were found to be cancerous. Bryant further states that very large cysts, if left alone, are almost sure to develop intra-cystic trouble.

*Diagnosis of Cysts.*—The diagnosis of cysts of the breast is sometimes a very simple matter, and then again we meet with cases in which a differentiation from cancer is attended with almost insurmountable difficulties. Cysts are usually sharply outlined masses that give elastic resistance. The skin is not adherent, the nipple is normal, and there is usually no discharge from the latter. If there should be a bloody discharge from the nipple, it indicates papillary ingrowths, and suggests the probability of a malignant process being present. When the wall of the cyst is very much thickened, malignancy is especially to be feared.

Another characteristic of cystic growths is that they may be larger at times than at others, and, if small, they may temporarily disappear. These growths are often associated with slight twinges of pain, and pains radiating down the arm. If an aspirating needle be used a serous, watery or brownish fluid will usually be obtained. Where the contents are cheesy in character the use of an aspirator will be of no value as an aid to diagnosis.

The retention cysts are of chief interest because of their liability to be mistaken for carcinoma. This mistake is especially liable to be made if the cyst is situated in the neighborhood of the nipple. If it becomes the seat of a chronic inflammation, the danger of a mistake in diagnosis will be greatly increased.

Where a cyst is deeply seated in a large breast, it is sometimes impossible to make an accurate diagnosis.

*Cystic Mastitis*, is another condition deserving of separate consideration. This disease has been called interstitial mastitis by Virchow, while Schimmelbusch applied the term, cysto-adenoma. In this condition there is a cystic dilatation of the glands, and probably an increase

of the interstitial connective tissue. This latter statement is, however, denied by some observers.

We find this disease occurring in women over puberty, especially where they have given birth to children, and have not nursed. It may affect not only one, but both breasts.

According to Koenig, the following symptoms are characteristic: On examining the breast between the thumb and finger, nodules can be distinctly felt. These nodules are frequently not to be palpated if the breast is compressed in any way than from before backward. The individual nodes are rarely more than an inch in diameter, are tense, and may fluctuate. Occasionally it is possible to squeeze a milk or dark fluid out of the nipple. The skin does not become reddened, and there is no tendency for the tumors to become adherent. These swellings have a tendency to become enlarged and tender during menstruation. This disease is in itself a benign condition, and may persist for many years without causing serious trouble. Benign changes of this sort may, however, be the primary cause of papillary epithelial growths in these cysts.

It is estimated that from 5 per cent to 10 per cent of these cases undergo carcinomatous transformation. Partial excision of the breast does not prevent extension of the disease, and complete excision is indicated, especially if the patient suffers from neuralgia, tenderness or other annoying symptoms. These processes may develop very slowly, or again they may appear in a comparatively short time.

In one of my cases, operated upon recently, the patient, a woman of forty, had noticed a lump in the breast for two weeks. It was nodulated, semielastic and nonadherent. Excision of the breast showed it to be honeycomped with small cystic areas in the affected region. These little cysts were filled with a yellowish, serous fluid.

Of the other benign tumors of the breast may be mentioned the lipomata. It is questionable if any of these tumors occur in the gland itself, but they may be so intimately connected as to be inseparable. Gross says that he is not aware of a single case of circumscribed lipoma occurring in the mammary gland. Bland-Sutton makes no mention of this affection. Sir A. Cooper removed one situated behind the gland that was 31 inches in circumference, and weighed 14 lbs. 10 ozs.

Tuberculosis of the breast usually occurs after puberty and is generally found in women who are of a scrofulous tendency.

The infection may take place through the gland ducts or from the blood or by extension of the disease or neighboring parts.

It usually manifests itself as a hard injurated mass that fluctuates in the center forming a so called cold abscess. Sometimes however, it is disseminated and occurs as a number of nodules that undergo chronic supperative changes. The nipple is often retracted but the breast is freely movable on underlying tissues.

The course is very chronic and occasionally the axillary glands become involved.

Another tumor rarely met with in this region, is a chondroma. Sir A. Cooper removed one from a healthy woman of thirty-two, which was of fourteen years growth. The pain was very severe, and the tumor was exceedingly hard. On removal, one part of it was found like the cartilage which supplies the place of bone in young subjects, and the other part was ossific.

Sebaceous cysts of the breast have been seen by a few surgeons. Haeckel reports two cases of this sort, one of which was associated with cystosarcoma phyllodes. The cysts in the breast rarely gave rise to pain, and were easily shelled out.

Hydatid cysts of mammary gland are exceedingly rare; only about twenty cases have been recorded. These cysts develop slowly, and without any pain. Their contents are albuminous, and resemble water. Hooklets are rarely found. They are readily cured by incision, and removal of the sac wall.

Hypertrophy of the mammary gland is due to an increase of the normal constituents of the breast itself. Sometimes the condition becomes so exaggerated that it interferes with the occupation of the patient. In these cases the breasts are extremely large, painful and tense. Where the size is excessive, fibrosarcomatous nodules will often be found. Hypertrophy of one breast always suggests new growth.

A case of actinomycosis of the mammary gland is reported by Von Bergmann. The patient, a woman of twenty-four, had five children, the youngest four months old. On reporting for treatment, it was found that the right breast had been swollen for three weeks. At the lower and inner part it was indurated. It was freely incised, and pus and necrotic tissue removed. General infiltration and adherence to the underlying tissue took place and actinomycosis granules were found in the pus. Complete excision of diseased tissues was resorted to, with temporary relief, but patient died later, of internal metastases

In considering the liability of simple growths to become malignant, it is well to dwell for a moment on the origin of cancer.

J. Orth, in voicing the opinions of the great German observers, states that cancer originates from epithelial cells. He states that connective tissue cells cannot be converted into epithelial cells, and vice versa.

In cases of secondary cancer, the growth occurs as in the liver, from detached cancer cells. These develop and the ordinary liver cells become atrophied from pressure. Orth says that up to the present time, no one has produced proof that carcinoma is of parasitic origin, (2) that there is no necessity to assume a parasitic etiology of cancer. In view of these assertions, we are prepared to find other causes, as diathesis, environment, mechanical irritation, etc., tending to produce those peculiar and uncontrollable proliferations of epithelium peculiar to cancer.

Leaf has shown that malignancy has a direct relation to the amount of irritation to which a breast is subjected. He shows that it is much more common in women who have had children that in those who have not.

The old theory that a blow in the breast will often cause carcinoma certainly finds corroborative evidence in the large number of cases he has examined. If this be true, how easy to explain why the fibrous tissue in a fibro-adenoma, while not subject to carcinomatous changes itself, may prove as an irritant, and produce in some congenital matrix malignant trouble in the glandular epithelium.

J. Hutchinson Jr. states that he has seen carcinoma develop in the site of an adeno-fibroma of thirty years standing, and quotes a friend, Dr. Hollingsworth, as having examined another similar case.

Senn states that adeno-fibroma are particularly liable to take on malignant activity, but the literature I have examined hardly bears out this statement.

Schafstein (Munich 1889) stated that of 989 cases of cancer of the breast 23, that is, about 2.3 per cent, arose from adenomata.

F. Curtis and Wood report a case in a patient of sixty where one part of the growth showed gelatinous cancer, while in the rest nothing but adeno-fibroma could be found. In another case they could find nothing but adeno-fibroma of the breast but cancer of axillary glands.

Some observers seem to think, on the other hand, that carcinomata are carcinomata from the beginning. Thus, Welch doubts the statement that there can be a degeneration from benign to malignant growths, and claims that while it may be true that the benign tumor may show malignant transformation, there was, primarily, a malignant matrix at the base of it. This is in accord with Cohnheim's theory, which implies a congenital matrix of immature, embryonic cells for every tumor.

While every tumor that shows malignant activity may have a congenital matrix, it is almost a certainty that similar embryonic conditions must exist in every human being. It is equally certain that these matrices remain, as a rule, harmless, unless brought into activity by a number of definitely recognizable causes. We know that what is, clinically, a benign growth may, after years of quiescence, acquire definite malignant changes that will destroy our patient.

*Treatment of Benign Tumors of the Breast.*—In the light of modern surgery, there is but one rule to follow in treating these growths, and that is to remove them. Cancer has been definitely proven to be, primarily, a local process, and as such is amenable to cure if radical procedure be resorted to at the beginning. If we aspirate a cyst and find clear fluid, we cannot be sure, by any means, that it is wholly benign, and does not contain the nodular commencement of some malignant growth.

If during our operative procedures, a doubt arises as to the character of the tumor, trustworthy means should always be at hand to determine at once its true nature. By making frozen sections, and examination under the microscope, we are usually able to determine in a very few minutes whether or not the process is malignant, and, if necessary, radical measures can be re-

sorted to without allowing the patient to come out from under the anaesthetic.

It is hardly necessary here to dwell upon the operative technique resorted to in these different conditions. The adenomata and allied growths are usually encapsulated, and easily shelled out, although in some instances it may be necessary to remove a segment of the breast. It may be stated that some surgeons advise against removal of these adenomata if they are under the nipple or diffused throughout the breast. Chronic cystic mastitis demands removal of the whole breast. Cysts, while often cured by aspiration, can be more satisfactorily treated by removal. Thomas Bryant lays special stress on the dissection of these growths without sacrifice of the gland.

In concluding the subject of treatment, I wish to urge the removal of every adventitious growth in the mammary gland with the possible exceptions mentioned, and if suspicious, its examination under the microscope.

Before closing, I wish to enter an earnest protest against the plan so often adopted, of watching a breast tumor to see how it develops. I have known lives to be sacrificed in this way. A tumor in the breast is, to say the least, an undesirable tenant, both because of its mechanical effects, and the liability of its changing in character, and, also, because of its mental influence on some patients. Considering the fact that these growths can be removed with nearly absolute safety, and that malignancy in its early stage can often be obliterated, I wish to earnestly reiterate my protest against the expectant plan of treating any of these lesions.

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Wm. T. Bull. Medical Record.

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### DISCUSSION.

Dr. Edmund A. Babler, St. Louis: I want to impress the fact that every tumor of the breast, no matter how insignificant it may appear, should be removed, and a microscopical examination made, at the earliest possible moment. The reason that such heroic operations are so often necessary, and the reason that so many women die of mammary cancer, is due to the fact that the little, apparently insignificant lump has been permitted to grow. In this day of dropmethod etherization and perfect aseptic surgical technique there can be no reason for delay.

The fact that more than three-fourths of the tumors of the breast become malignant or are malignant in character, demands consideration. How often does the surgeon see the patient when it is too late? How many valuable lives could be saved, and how much agony could be prevented, by early removal of every mammary tumor—removal at an hour when surgery offers so much. The mortality of breast surgery to-

day is the mortality of delay. I believe that it is the duty of each of us to urge the early removal, and microscopical examination of every tumor of the breast.

Dr. John C. Morfit, St. Louis: In round figures 80 per cent. of all tumors of the breast are malignant, 50 per cent. of all tumors of the breast can be diagnosed clinically as malignant and 30 per cent as probably malignant. That leaves about one-fifth that are doubtfully benign. Most of them are of the cystic or adenomatous variety. Because of the great danger of malignancy we must make the diagnosis positive, and I don't think the author emphasizes any better point than when he urges the removal of the tumor for diagnostic purposes so that we may proceed to any further treatment that may be necessary.

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## RECTAL PALPATION.*

By Edmond A. Babler, M. D., St. Louis, Mo.

In presenting this subject to this association, it is my sole desire to impress upon the mind of the young practitioner the importance of always making a rectal examination in all pelvic lesions, and in every instance in which the true nature of the abdominal lesion has not been accurately determined. I am confident that many valuable lives have been, and are being lost almost daily simply because we have failed to grasp the golden opportunity.

In many instances a rectal examination will be found to be of more value in leading us to a correct diagnosis, than all of the other methods combined. In every instance it is our duty—our sacred duty, to secure a complete previous history of the case, and to make a thorough painstaking examination before attempting to alleviate the patient's suffering. Experience has taught us that abdominal pain is Nature's most trusted messenger; the messenger that is to guide us to the seat of trouble.

In the few brief moments that have been alloted to me, I can but call attention to some of the more important and more common lesions, in which a rectal examination will be found of the most vital importance. Among these may be mentioned the following:

*Extra-Uterine Pregnancy.* When the sac of an ectopic pregnancy ruptures, the patient complains of sudden, severe, excrutiating pain low down in the pelvis. But how do you know that the pain is not due to a perforated appendix?

I believe that the finding of a boggy, pulsating mass just to the side of, or posterior to the uterus, in a married woman of child-bearing age, who has been suddenly seized with excrutiating pain low down in the pelvis, nausea, rapid pulse and signs of anemia—especially if there be the least confirmatory sign of pregnancy, is sufficient

*Read at the meeting of the Missouri State Medical Association, Excelsior Springs, May, 1905.

to warrant a diagnosis of ruptured tubal gestation sac, and to demand immediate celiotomy. By simply securing a complete previous history, and by making a thorough, painstaking, examination, *especially a rectal examination*, we have thus cleared-up the diagnosis.

*Intestinal Obstruction.* In intussusception a rectal examination will often enable us to appreciate the true significance of our little patient's symptoms. We find the little fellow, whose slumbers have been rudely interrupted, suffering with paroxysmal pain in the abdomen, and a diarrhea. We find him straining at stool as though his little heart would break; the stool consists of blood and mucus; and may have no fecal odor. We question the mother and she tells us that the boy had been in apparent good health; but upon introducing our finger into the rectum we may find a peculiar shaped mass that reminds us of the uterine cervix; perhaps we find a mass protruding from the anus. Are we going to say that the child has a diarrhea and a prolapsed anus? No! we are going to make a painstaking examination and find that he has an obstructed intestine, and that a competent surgeon is needed at once!

When the sigmoid flexure becomes twisted upon itself, the patient complains of colicky-like pains in the lower abdomen. The pains become more frequent and more severe. Meteorism of an ascending type develops in the left inguinal region, and gradually our patient presents the characteristic picture of an intestinal obstruction.

By considering the age of the patient, the history of the onset, the ascending meteorism, the complete constipation, the inability of the rectum to hold but a small quantity of water, and the findings obtained by rectal palpation we determine the cause of the symptoms.

About a month ago I operated upon a case of chronic appendicitis in a boy of eighteen. Everything went along beautifully until the end of the second week when symptoms of post-operative obstruction appeared. I must confess that I was at a loss to account for the symptoms since the nurse had informed me that the patient's bowels had moved every second day; the abdomen was not rigid, and the patient seemed to be in good condition. But upon placing my finger in his rectum I found the latter occluded by hardened feces. How often do we find this condition in cases of prolonged illness, and how quickly do all of the symptoms subside so soon as the bowel has been evacuated.

*Appendicitis.*—Before a diagnosis of appendicitis is permissible, a complete previous history *must* be obtained, and a thorough, painstaking examination—particularly a routine examination, including a rectal palpation, *must* be made. Experience has taught us that simply because a *patient complains of pain in the right inguinal region, it is not at all certain that he has an infected appendix.* How often has appendicitis been diagnosed as salpingitis, neuralgia, and *vice versa?* How often have we made a diagnosis of appendicitis, and upon opening the abdomen found a perforated stomach, a distended gall bladder, a diseased ovary or a diseased bladder? And

why did we err? Simply because we had *not* secured a complete previous history and had *not* made a *thorough, painstaking examination.*

*Lesions of Uterus and Adnexa.*—In all lesions of the uterus and adnexa a careful and thorough rectal examination is absolutely necessary, if a correct diagnosis be most frequently obtained. By simple rectal palpation we are often enabled to exclude a lesion of uterus and adnexa and thus avoid error. It seems needless for me but to call your attention to the subject without going into detail. I am confident that the young practitioner should make a rectal examination more frequently than he has done in the past. The possibilities of rectal palpation in lesions of the uterus and adnexa are self evident.

*Lesions of Rectum.*—Whenever a patient complains of vague symptoms in the lower abdomen, a rectal examination *must* be made. A case that very forcibly impressed this fact upon my mind was recently operated upon.

The patient, a woman perhaps 60 years of age, had been complaining for several months of a diarrhea, and frequent, paroxysmal pains in the lower abdomen. Her family physician had made a diagnosis of ulceration of bowels. Upon introducing my finger into the patient's rectum I found a large, hard, immovable mass that obstructed the intestine. Upon palpation of the abdomen we found quite a few masses of hardened feces that could readily have been mistaken for malignant tumors. Upon opening the abdomen I found a cancerous mass of such a nature that radical operation was useless. Surgery had come too late! All that could be done was to make an artificial anus.

We know that fistulae can be diagnosed by rectal palpation, and that at times the history of some lesions is quite sufficient to guide us. It seems quite unnecessary for me to but to call attention—the attention of the busy, conscientious, toiling mortals who are trying to be of some service to suffering humanity, to the importance of *always making a rectal examination in every pelvic lesion and in every obscure abdominal lesion.*

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## MEDICAL OBSERVATIONS IN THE FAR EAST.*

By Mary McLean, M. D., St. Louis.

We reached Shanghai February 27th, and a few days later I visited Dr. Boone's Hospital, of the American Episcopal Church. Dr. Boone has been in Shanghai between thirty and forty years; is a physician of fine education and broad sympathies, and of ready inventive genius; is greatly beloved by the Chinese among whom he has labored these many years. He has a hospital of about 100 patients which is equipped with a modern operating room, but is unheated except in the operating

*Read before the St. Louis Medical Society, December 23, 1905.

room. In fact, all over China we found the hospitals unheated although the temperature was frequently down to the freezing point.

Dr. Boone has also a small Medical School connected with his hospital and had about ten students in the school when we were there. Contrary to the American and European custom the medical student in China is paid a small monthly stipend; because any young man of his age is obliged to contribute something to the family support, unless the family is independently wealthy.

Dr. Boone told us that one of his earliest patients in Shanghai was a poor laboring man. He required a surgical operation which was successfully done to the great amazement of his friends. A few days after this patient was discharged well, a wealthy Chinese gentleman called upon Dr. Boone and expressed his great admiration at the work done. He then declared himself a distant relative of the patient, who was so successfully operated upon, and wished to bestow upon Dr. Boone a gift in recognition of his valuable services. He asked Dr. Boone what he wanted and the doctor had no hesitation in telling him he wanted ground and a hospital built on it. This gentleman very shortly bought a fine piece of ground for the purpose and presented it to him. A few months later he called on the doctor and seemed surprised that there was still no hospital on the ground. Dr. Boone told him he did not have sufficient means to build it, with the result that this same person gave him enough money to erect the first hospital building; and from that time the largest gifts have been from the Chinese themselves; at least $65,000.00 having been given to this hospital by the Chinese. Dr. Boone told me that he never charged fees because it paid a great deal better to receive the gifts of gratitude. The Chinese character seems to be constructed on a far more generous plan than the American.

In this hospital in Shanghai a great many of the most serious operations are performed but its patients are men and boys only. Quite some distance from this hospital and to the west is a large woman's hospital which was opened about twenty-two years ago under the able supervision of Dr. Reiffymder, a graduate of the Woman's Medical College of Philadelphia. Dr. Reiffymder has operated upon the largest ovarian cyst on record. It weighed 180 lbs. (with its contents), and the woman after its removal weighed 65 lbs. She made an excellent recovery.

This hospital building is only seven or eight years old and was built after the burning of the old building, entirely with the gifts of the Chinese people. It has a capacity for 60 women and has a daily clinic of from 100 to 300 women and children. Some of the cases brought into this hospital are of such desperate character that we could safely predict an early death in our own country; but in China they recover with comparatively little attention. Their power of recuperation seems far beyond that of our people. They have a great many neglected obstetric cases, quite a number of most loathsome skin diseases, and a great

many cases of serious burns inflicted by the owners of slave girls upon their slaves. A favorite punishment of these human monsters who own slave girls is to compel them to lie on a floor, and to pour boiling water over the abdomen. Fortunately, this most frequently results in early death, and yet, a good proportion of these children survive with most horrible suffering. In this hospital I saw a dying woman getting ready to leave the house. On inquiring of Dr. Rieffymder why she was leaving, as she looked as though she could not live 48 hours, the doctor told me, that, it is a custom in China to hold the head of the house in which a person dies responsible for that death to the extent of requiring him to pay all the funeral expenses. Therefore, unless the friends of the patients, upon their entrance, are willing to sign a paper releasing the hospital physician from that responsibility, it becomes necessary to allow the patients to go home to die. Indeed this custom has led to the frequent practice of committing suicide on the door steps of an enemy as a matter of revenge. This is practiced most frequently by the women of China.

I saw a very little of the native Chinese medical methods but I heard a great deal. I did see a kit of surgical instruments belonging to a Korean surgeon and was told that the same instruments were used in some parts of China. These instruments consist of various lengths and calibres of needles which are used in the several parts of the body to release the evil spirit which they suppose to be resident in the afflicted body. The needle is forced into the part of the body which causes pain. For instance, pain in the eye would be relieved by piercing the eye; of course resulting in the loss of the sight. Pain in the chest is treated by forcing the needle into the part of the chest affected. Occasionally the heart itself is pierced in this way. But they are sustained by the confidence which they have, that this gives an outlet to the evil spirit which is causing the trouble. I knew of a case in China in which a little child was treated for some unknown disease by giving it a cooked piece of flesh cut out of its mother's arm, and was told that the mothers, in turn, are treated by the cooked fragments of flesh from their own children. The Chinese herb doctors use mixtures—the most nauseating—and give them in doses of a bowlful. They are also exceedingly wise—these Chinese doctors—in determining the patient's disease and condition by examining the pulse. We met two Chinese physicians, who had been educated by Missionary doctors, and without having had the advantage of foreign schools, they were doing very creditable work.

We visited the most interesting medical institution in the city of Hang Chow under the supervision of Dr. Main of Scotland. He has been in charge of medical work in Hang Chow for twenty-five years, and has built up several large institutions. He and his wife personally supervise all of them and they are supported almost entirely by the Chinese, although an immense amount of charitable work is done in them. He has trained his own assistants both as physicians and nurses, and has a most capable corps

of assistants. He has a hospital with a capacity for 200 patients; requires each patient admitted to have a thorough bath and a change of clothes in order to keep the ever-present vermin of China out of the hospital. He told us that he uses one ton of carbolic soap every year. He has, in addition to this general hospital which is partly for men and partly for women, an institution for lepers and has also a school for leprous children. He has built out on the lake—the west lake of Hang Chow—a very fine tuberculosis sanitarium which is used both for foreign missionaries and for the Chinese. He has a large science hall where he gives scientific lectures in the mandarin dialect to the wealthy and official classes of Chinese, and he is also employed by wealthy contractors for their coolies. All of this work Dr. Main conducts in connection with gospel work, which was his primary work in going to China and is his primary object in remaining there.

We saw a most interesting hospital in Kiu Kiang conducted entirely by a young Chinese woman who was educated in the University of Michigan. She has trained her own assistants, had eight well-trained nurses when we were there, and has most capably and successfully managed the institution financially as well as medically, surgically and domestically. She does a great number of surgical operations every year including many operations upon the eye. She is much sought for by the official and wealthy classes and does a great deal of work among the very poor outside of the hospital. I am sorry to say, that the only foreign physician in that city refuses to consult with her, because she is so popular among the foreigners of that city; but then,—he is an Englishman.

In the city of Tien Tsin we heard of a Chinese Government Medical College and were told that it was pretty well conducted, although not up to European and American standards. We were unable to visit this college.

The finest educational work we saw was a work just starting in the city of Pekin where the medical missionaries of four different missions unite in teaching medicine to Chinese young men. They have four hospitals for practical work and are very finely equipped for doing excellent work in their line. In China one does not find close denominational lines as we find at home. Some one has said, that, almost the only thing that separates Presbyterians, Methodists and Baptists in this country is water, and that they have not enough water in North China to keep up the separation.

In the city of Pekin we met for the first time in the Chinese hospitals with the kang—the Northern Chinese bed. The mission doctor had a hospital built on the foreign style and furnished with comfortable foreign beds, but also had a few rooms in addition to this hospital, built in Chinese style with about one-fourth of the room devoted to raised platform of brick and cement with a little opening underneath for a charcoal fire. The Chinese greatly prefer these kangs, which is the name of the raised platform, and they will sleep four or five on a

kang rather than go to the second story and sleep on a foreign bed which, they think, is possessed of evil spirits. Our friend in Pekin had all of her kang rooms overcrowded while nearly the entire second story of her well built hospital was empty.

On leaving China we passed rapidly through Korea but spent one hour seeing a mission hospital in Seoul and another hour in visiting a hospital at Fusan. Both were built in foreign style, both were full to overflowing with patients, and both had very capable young Korean assistants who had received their education from the missionary physicians.

We reached Japan about eight weeks before the Portsmouth Treaty was agreed upon, and had a most interesting opportunity to visit the large military hospitals and to see some of their military surgery. The hospitals consist of a large number of temporary buildings constructed for war purposes in the magnificent old Daimis parks, of which there are several in Tokio. We visited the Red Cross and the Toyama hospitals which were among the largest and best equipped. Each had a capacity of about 7,000; but the wards were one-story, long, frame structures with windows on either side, a little hall in the middle between the two long rooms, and a large bath room at either end. The well known bath tendency of the Japanese was abundantly illustrated in these hospitals. The soldiers were all dressed in white kimonos with a red cross on the left arm and a red cross on the front of the cap, and they laid either on foreign beds or on very thick mattresses placed upon the floor. They all seemed very comfortable in their beds. They were bountifully provided with good, nourishing food, many of them being provided with the richest sterilized milk in addition to the regular diet. A visit to the diet kitchen found everything in a state of extreme cleanliness, and their milk sterilizing plant, although very simple and inexpensive, seemed wonderfully complete. All the work of this kind seemed thoroughly done. In the surgical dressing rooms of these hospitals we would find as many as twenty soldiers at a time being dressed and waiting their turn; and during all of our observations through two months, we never heard any groans or complaints of any kind during these exceedingly painful dressings.

The Red Cross Hospital is devoted primarily to the officers of the army and navy, but, with its large capacity, has, in addition to the officers, a large number of privates. The Marchioness Oyama, an old school friend of mine, gave us letters of introduction to Dr. Hashimoto, a leading Japanese physician and surgeon, who is the head of the Red Cross Hospital. He courteously invited us to see some of the military surgery in that hospital. We saw one lower maxillary resection, one plastic operation on the jaw without resection, and the removal of an incapsulated bullet from the calf of the leg. In the room for making preparations I found a black-board with beautiful diagrams in colored chalks of the region involved in the operation. The muscles, nerves, arteries, veins and bones were all

clearly marked with their German names—a very delightful way of refreshing one's memory on anatomy. The leg containing the incapsulated bullet had been subjected to the x-ray, and the radiograph was conveniently placed in the window of the operating room for ready reference. The nursing in all the Japanese hospitals I visited was beyond reproach and quite superior to the operating room nursing in our own city. I think this superiority was largely due to the fact that they had plenty of nurses—never less than five in an operating room. Each nurse had her duty and attended strictly to it, and there was not the slightest confusion. The Japanese surgeons work in a painstaking way, skillfully and always good naturedly. Swearing is unknown in Japan either in professional or social circles.

The case of resection of the jaw was operated by a young surgeon who had been educated in Germany, and he was assisted by a dentist who had been seventeen years in this country. The surgeon did all the work up to the time when a piece was to be inserted between the separated fragments of th jaw. Then the dentist prepared a little piece of aluminum, moulded to fit the case, perforated it with a hand puncher, bored through the bone with a dental machine, and wired the metal piece into position. The surgeon then finished the operation, restoring the flaps.

I saw in the ward a case which had been similarly operated six weeks previously, where the result was all that could be desired. They make a special effort to preserve the symmetry of the face and have admirably succeeded in doing so. We saw in these hospitals very interesting cases of beri-beri, both in the oedematous stage and in the atrophic stage. Beri-beri seems to be the most frequent and most formidable of their diseases, and they are still in the dark as to its etiological pathology.

I also had the pleasure of visiting the Imperial University Hospital and of seeing some abdominal sections by Prof. Kinoshita, who was educated in Germany. Prof. Kinoshita is the leading gynecologist of Japan and a most delightful Christian gentleman. He has a record of 200 complete hysterectomies for fibroids with two deaths—a record not easily surpassed. I saw a complete hysterectomy for fibroids by his assistant and the removal of the appendages for malignancy—presumably epithelioma—by himself. The work was very skillfully done without the slightest nervousness or ill nature. They have a large number of serious pelvic and abdominal operations in the Imperial University but a very small number of appendiceal troubles. The Imperial University Hospital is the finest constructed hospital in Japan and is built in the pavilion style of architecture.

I saw very little foreign medical work in Japan, as it has become almost superfluous in modern Japan. The medical department of the Imperial University uses the German language almost exclusively, so that the medical men easily converse in German, and this fact, together with their unfailing courtesy, makes a visit to Japan a very delightful ex-

perience to professional people.

DISCUSSION.

Replying to a question, Dr. McLean said that the object in burning these slave girls was simply cruelty. In reply to a query by Dr. Hopkins, as to the sanitary conditions, she stated that there were no sanitary arrangements in China. As an example of the state of affairs there she cited one instance. At a small pond, the water greenish black and very thick, was a woman soaking her vegetables, while near her a coolie was washing his feet, a pig was wallowing, and a woman was washing her clothes. Replying to a question by Dr. Funkhouser, Dr. McLean said that she had seen several native surgeons who had been educated by western teachers and they were doing very good work.

Dr. A. W. Fleming thought that the Chinese in one respect gave us an example that it might be well to follow. He understood that drunkenness was almost unknown there. While they had some form of drink, alcoholism is not one of their vices. Dr. McLean had spoken of the obstetrical customs. Our text-books state that pyemia and septicemia were rarely found among the Chinese, but he had been informed that this was a mistake. Certainly the habits they have in obstetrical work were something awful, and foreign physicians were only called in after all means at their command had failed. Even then the only idea in calling in the physician was that the child might be born before the mother was dead, otherwise the mother would continue in this suffering through all eternity. Dr. Fleming's sister had been a missionary there for a number of years and had told him much of their lives. Some features showed rather a good type. His sister believed the Chinese race superior to the Japanese so far as truthfulness was concerned. The Japanese were treacherous and could not be trusted while the Chinese were relatively truthful. One thing that showed the tendency of the Chinese toward progress was the fact that they were beginning to accept the teaching of other countries. Dr. Fleming considered it a question whether the missionaries sent there would ever accomplish what they were aiming to do. The mixing of medicine and religion, however, might reach many of them.

Dr. Hart Goodloe asked the essayist's reason, why the Chinese and Japanese were able to stand so much more pain in comparison to our people without complaint.

Dr. McLean thought that it was because it was drilled into them. From early childhood they were taught that it was unmanly or unwomanly to complain. At Nanking Dr. McLean had seen the old halls where the students took the second highest degree in the Confuscian classics. As many as 26,000 students took these examinations at one time. Each student occupied a kind of stall, having a board to sit upon and one on which to write, the student being supposed to write consecutively for three days and three nights. No less than fifty students died during each examination. This was considered a most disgraceful thing. Of the 26,000 applicants never more than 300 received the coveted degree and many

of those who did were invalids for life. Replying to a question by Dr. Hopkins, Dr. McLean said that the destruction of female infants was no greater than in this country. There was a good deal of that in America, too. She thought we had made rather too much of the situation there in regard to that matter. Those people were dreadfully poor. She met one woman who had destroyed eight girl infants. If these children of the very poor were permitted to grow up it would be to become slave girls, for the people were too poor to keep them.

Dr. Funkhouser asked Dr. McLean why it was these people seemed so stolid in the endurance of pain. It was claimed that the higher the development of the individual, morally and physically, the more acute was the sensitiveness to pain. Some German had made the statement that for this reason woman was on a lower plane than man, because she could bear pain better than a man. Dr. Funkhouser questioned the correctness of that deduction. This matter of the endurance of pain had been taken up by a number of writers, Bacon, particularly, who was a physical coward because he feared pain. For this reason many great men had not had the courage of their convictions. Dr. Funkhouser wanted to know Dr. McLean's opinion of the moral state of the Koreans, Japanese and Chinese. Was it that their education, a fatalistic philosophy, had something to do with it? Was it this fatalistic belief which led them, like the people of Russia, to say, "what matters it?" If one has a disease, "what difference does it make?" What influenced an individual influenced the nation. The Spaniard's weakness was procrastination. The ideals of the Chinese might have much to do with their power of endurance. Every nation that had been successful in its warfare with the Chinese had been absorbed by them. The Jews, for instance, had a foothold there and were absorbed by them. The Manchus, for instance were a different race. The conquerers were ultimately conquered by the Chinese. In a consideration of the Aryan, Semitic and Turanian races one must consider them separately. The Chinese and Japanese language was a syllabic language. Now they had begun to consider whether or not to have an alphabet. Religion was simply a question of philosophy with the Chinese. As to the moral standards of the Chinese compared with western standards and the standards of the Japanese, Dr. Funkhouser believed that the Chinese had a higher standard than the Japanese.

Dr. McLean replied that her personal observations were limited; but she had had a great deal of conversation with persons who had lived there for many years. The moral standards of the Chinese were not high compared with ours. They were taught that filial duty was the highest virtue, and both in China and Japan it was considered a most laudable thing for a girl to sell her person for a number of years for the support of her family. The Chinese, like ourselves, differ individually in regard for truthfulness. There was so much pretense with them. Fof example, she had seen two men having a terrible fight, talk-

ing fearfully and they had to keep it up until a third person came in and separated them, otherwise the one who ceased fighting would "lose face." It was generally considered that the Japanese were inferior to the Chinese in truthfulness, but those Japanese whom Dr. McLean had come to know well seemed to her of a very high type. Their morality, so far as their women were concerned, was not very high. The emperor had many concubines, but the crown prince, according to the missionaries, was a very moral man. He had promised to have but one wife and he treated this wife with the greatest respect.

Dr. Henderson said Dr. McLean made the statement that the surgeon in China preferred to leave his fee to the liberality of the Chinese rather than to make a charge; and she also mentioned that she had but one patient who gave her more than the amount of her bill. Dr. Henderson said three patients had paid him more than the amount of his bills, a German who could speak no English, a Hebrew and a Chinaman. He had been told that the Chinese were taught that it was a virtue to make presents and that their future reward would be commensurate with their liberality in this life. He asked Dr. McLean if it was true that they believed this.

Dr. McLean said she had never heard it.

Dr. Henderson, speaking of the lower types having less nervous susceptibility and the higher types more of this susceptibility to pain, he said he was reminded of an Indian upon whom he had had to do a Chopart operation on the feet. The anesthetic gave out and he had to complete the operation with the patient sitting on the table watching the proceeding. He was a boy of about 19, but didn't move a muscle. When the operation was completed he merely said, "Good." In the Civil War, it is said, the negroes were the best patients. When wounded they could always wait patiently till the last while the whites made such a disturbance they had to be attended to at once. The negro, too, always kept his accoutrements, while other fellows threw theirs away.

Dr. William H. Stauffer said that Dr. Henderson's speaking of the Indian reminded him of his two years' experience some eighteen years ago in treating the Indian. His observations had been in the Indian Territory, among five or six different tribes, from the Osages, practically full-blooded Indians, to the other mixed tribes. Every white man got 160 acres of land with each squaw and there were usually a large number of half breeds, so that they were rather a mixed lot ranging from the girl graduate of Wellesley down. It was not difficult to do surgery on the boys from the wigwam. They expected no anesthetic. But he did have trouble in internal medication. None of the Indians would take anything until the doctor took a little of it first. For this reason it was necessary always to have his pockets full of various little pills and powders. Their desire for liquor was uncontrollable. On one occasion they broke into the office and even used the red ink for the little alcohol it contained. Dr. Stauffer questioned the advisibility

of educating the Indian. He believed with Sherman that the only good Indian was the dead Indian. They wouldn't work unless they had to. At least 75 per cent of those people in the Indian Territory suffered with one or all of the venereal diseases and in fifty years from now there would be but few full-blooded Indians remaining.

Dr. Funkhouser asked if Dr. McLean had noted whether the Chinese and Japanese were especially open to the influence of suggestion. In many cases people of a certain mental development were more or less amenable to suggestion. In his own experiments upon the lower animals, chickens, for instance, he had been accustomed not to give an anesthetic, and after the first cut he had been able to go through to the peritoneal cavity without any sign of pain whatever. It was undoubtedly a fact that chickens and ducks could be controlled in this way. Suggestion probably had much to do with the apparent stoicism of certain peoples, especially when the intelligence was of a limited character.

Dr. Barclay wished to know if it is not an established fact that those who habitually practiced autosuggestion were more susceptible to suggestion from others.

Dr. Funkhouser replied in the affirmative.

Dr. Barclay said that as perception increases sensation diminishes. He had learned this fact during his senior year in his academic course. The following vacation he had some twenty-four dental cavities filled; and found, that, when he used a hand mirror to watch the operation and that when he counted the strokes of the filling hammer, he became so engrossed in perception of the work that he actually lost all sensation at the time. Possibly the fact that the Indian spoken of by Dr. Henderson had been allowed to watch the performance of the operation upon his foot had rendered him less sensitive to pain.

In regard to suggestion and autosuggestion for the relief of pain in surgical operations, Dr. Barclay recalled a scene at St. Mary's Infirmary years ago. Dr. Beuno von Steinmetz he believed it was, hypnotized a negro, whose skull was then trephined. The patient gave no indication of feeling pain. After the operation, the patient, under suggestion, while hypnotized, walked unassisted to his bed two stories above. He made a good recovery.

Certain facts in connection with the physical habits of the orientals should be taken into consideration in explanation of their stoicism, fortitude, and tenacity of purpose. Their education is more along the line of spiritual development. They are taught to do work because it is their duty to work, without cherishing personally interest in the result. Personal interest in the result of one's work leads one to become emotionally attached to that result; and so, the more intensely and frequently one cherishes this interest, the more closely one becomes held in bondage to the result aimed at. Possibly this explains the fact stated by Dr. Funkhouser: that certain races absorbed others who had conquered them. The latter became interested in certain features or characteristics of their new subjects and gradually became absorbed,

through this interest, by the former. The Chinese consider themselves immortal, and already actually a part of the Deity. They are taught that the physical man is not the real man, but only the apparent one; consequently, they are taught to cultivate the psychial side of their nature as the more essential to hypnotism.

Dr. McLean said that as to those people operated upon with very little of the anesthetic, whether any effort was made to quiet them by means of suggestion she could not say. They were always exceedingly grateful to have the operation performed and were on their best behavior. She had seen no drunkenness except in the port of Yokohoma. In Tokio she had seen no saloons, but they seemed to have about as many corner book stores there as St. Louis had saloons. "Dope" was forbidden in Japan.

Dr. McLean in reply to a question by Dr. Fleming, said that the percentage of nervous disturbances was very small but tuberculosis was very prevalent.

In answer to a question by Dr. Goodloe, Dr. McLean said that in the ports there was a tendency on the part of the educated Chinese to try foreign foods. In the interior the diet consisted largely of vegetables and rice. The poorer classes ate pounded corn, grass seeds and roots. Rice for them was too extravagant. Their only meat consisted of pork and chicken. Milk they considered very disgusting and butter was nauseating. They believed chicken deadly to tubercular subjects, also eggs. The Chinese ate very rapidly. The boatmen could put away four large bowls of rice in four minutes.

Dr. Funkhouser said that he understood that it was the proper thing among the Chinese to belch frequently after eating.

Dr. McLean replied that this was true. Her party was given a dinner by a wealthy mandarin and they had made very strenuous efforts to appear polite in this matter.

# Journal Missouri State Medical Association

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee

ADDRESS ALL COMMUNICATIONS TO 534 NORTH VANDEVENTER AVENUE, ST. LOUIS.

Volume II. FEBRUARY, 1906. Number 8

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## EDITORIAL.

### PROGRAM.

The meeting at Jefferson City will be held in two sections, medical and surgical, and the Committee on program believe that at least 75 papers may be read. A preliminary program will be found in this issue; the regular program will appear in the April number. It is to be hoped that every County Medical Society in affiliation with the State Association will contribute to the scientific work. Titles of papers must be sent to the Secretary of the local society who will forward to the Chairman of the Committee on scientific work.

### MARCHING ONWARD.

The Missouri State Medical Association began the new year with 2050 members, 1124 more than when the Journal was established eighteen months ago. Since our last issue the Lawrence County Medical Society has been organized with 12 new members, thus increasing our membership to 2072. Lawrence county is situated in the 17th district, Dr. J. E. Tefft, Springfield, Councilor. It is to be expected that most county reports for 1906 will show an increase in membership. Missouri has more than 6000 doctors, at least 4000 of whom are eligible to membership in the State Association. A continuous effort should be made to increase our membership until the state is thoroughly organized. Then may we expect to follow the example of New York and Pennsylvania in protecting our members in case of damage suits. This has been successfully done by the states named and as soon as our membership justifies the expenditure it is firmly believed the House of Delegates will insure each of our members the security enjoyed by members of other state medical associations.

### LAWRENCE COUNTY.

The Lawrence County Medical Society has just been organized at Aurora, Mo., with the following officers and members: President, Dr. J. A. Harris; vice president, Dr. F. S. Stevenson; secretary, Dr. C. A. Moore; treasurer, Dr. J. P. Andrews; board of censors, Drs. A. H.

Madry, C. W. Shelton, J. B. Fleming; members, Drs. J. A. Harris, Mt. Vernon; J. P. Andrews, Marionville; C. W. Shelton, Mt. Vernon; F. S. Stevenson, Aurora; J. B. Fleming, Aurora; A. H. Madry, Aurora; C. A. Moore, Aurora; W. W. Rodman, Pierce City; J. M. Painter, Mt. Vernon; E. C. Roseberry, Mt. Vernon; I. A. Cottingham, Aurora; J. A. Melton, Aurora; and J. Walker, Bethany. It is to be hoped the membership will be increased to twenty before March 1st, when the annual report will be made.

## THE AMERICAN MEDICAL DIRECTORY.

The American Medical Directory will differ from directories heretofore issued in three particulars: First, it will be a directory of the American medical profession published and owned by physicians themselves. Second, information regarding college and year of graduation and date of licensure will be verified from official sources. Third, it will furnish the same information regarding each physician, whether he be a subscriber to the directory or not. No paid-for information will be included. It will also combine in one volume the purpose of a general medical directory, as well as a medical society blue book, since the names of all members in good standing of the constituent state associations and their component branches will appear in capital letters, as a distinctive mark of such membership. Information contained in the directory regarding each physician will include name in full, year of birth, college and year of graduation, office address and office hours. The assistance and cooperation of all physicians, and especially all members of the organized profession, is earnestly requested in carrying on and developing this work. The greatest service that any physician can render at the present time is to furnish, promptly and accurately, information regarding himself.

## PROPRIETARY MEDICINES, PATENT MEDICINES, NOSTRUMS AND SECRET SYNTHETICS.

We must call attention to the confusion of terms so generally used in the literature upon the subject of proprietary remedies, patent medicines and nostrums. There is great need for clearness in the selection of terms which will definitely convey the intended meaning of those who speak or write upon this question, which has become such a live one to the general public as well as to the medical profession. The authority for the proper use of the words hereinafter defined is based upon the definitions given in the dictionary and the United States patent law. A proprietary medicine is an article which any person or firm has the exclusive right to manufacture or sell; which definition includes a medicine of known formula or published process of manufacture, as well as a medicine of unknown formula or secret process of manufacture. The word proprietary should only be used generically, and should never be limited in its application as a synonym of the word nostrum. Proprietary medicines include: I.

Patent medicines, all of which are of known process of manufacture; II. Pharmaceutical mixtures of known quantity and quality of ingredients; III. Nostrums, such as secret pharmaceutical mixtures, and the so-called synthetics, of secret formula protected by a trademark.

A patent medicine is a new and useful definite chemical compound of known formula, the process of manufacture is made public in the patent papers issued by the Government; therefore, all patent medicines are ethical. A nostrum is a medicine, the composition of which is a secret, a quack medicine, or any recipe of charlatan character.

The trademark protects a class of secret synthetics which are nostrums, they being secret mixtures of some coal-tar product, advertised with a formula such as C1, H2, N3, O4. They are not patented, because they cannot conform to the patent law which demands that they shall be new and useful, definite chemical compounds.

The public and the profession have a right to be protected from the fraud practiced by the exploiters of nostrums which represent the only class of medicines offered to the medical profession which should be condemned as an insult to its intelligence and honesty. Any internal or external medicine, the formula of which does not state the quantity of its ingredients, and in the case of a synthetic, which does not state the process of its manufacture, is a nostrum or secret proprietary medicine. All nostrums thrive on false statements as to their therapeutic value. And it is the nostrum or secret proprietary venders who have profited by the confusion of terms used in articles written by the authorities in medicine, who should know better than to play into the hands of the nostrum people, who must be considered as parasites on individual and public health.

Within two years articles have appeared by able teachers of scientific medicine, which illustrate the confusion of terms referred to. Transactions of State medical societies and medical journals contain the articles from which the following quotations are made:

I. "The wide use of many proprietary pills or mixtures is distinct evidence of the great power of foolishness and fraud even when directly opposed to honesty and instructed wisdom."

II. "There are no hard and fast lines which separate patent from proprietary remedies. In their secrecy of composition and method of exploitation they are comparable."

III. "The patent medicines are more particularly directed to the lay public and therefore use the public press as the medium of advertising, while the proprietary literature is addressed more particularly to the medical public."

IV. "If there is any apology for the use of proprietary medicines, it must be due to some deficiency in the physician himself, either to his lack of knowledge of chemistry and pharmacology and physiology and clinical therapeutics, or to his inertia."

V. "The difference between a proprietary and a patent medicine is more apparent than real. There is

no good excuse for using these preparations."

These are fair extracts from the articles which do more harm than good, as many of the most valuable remedies used by physicians are proprietary medicines, and should not be condemned as nostrums. Many writers have strongly condemned the use of patent medicines in the face of the fact that all medicines now protected by a patent granted by our Government are ethical because the process of their manufacture is known. Recently an editorial and article have been published which distinguishes between a patent and a patented medicine; such a distinction is of recent origin, and if not killed in its infancy will surely lead to greater confusion than that which now exists in the minds of the profession and of the public.

The old prejudice against a patent medicine dates from the time when a prescription of a simple or compound mixture could be patented, but such mixtures have not been patented in many years, so that the patent medicines of today represent only new and useful definite chemical compounds, the patent covering the process of manufacture, and any competent pharmaceutical chemist, by following the process described in the patent, can reproduce the identical preparation found upon the market; but the patent protects against a commercial use of such published process, which in being made public meets every condition necessary to make a patent medicine ethical.

The subject of monopoly in drugs and other therapeutic agents is a sociological one, and not essentially a medical question. To use the word "patent" as the synonym, and the word "patented" as the antonym of nostrum, as is being done by some of the workers in this field, is to increase rather than to clear up the fog which surrounds this important subject. The literature is full of such tautology as secret nostrums; the word "nostrum" means secret remedy, which makes qualifying it by the word "secret" equivalent to saying that *one should heed the voice of the vox populi.* The reader often leaves the several articles in the medical journals upon the question of proprietary remedies, patent medicines and nostrums, and the discussion of the subject as reported in the transactions of the several State medical societies, in a condition of mind best described as confusion worse confounded; which is largely due to the careless use of terms, and the questionable remedies suggested for this evil. It is not unusual to read in many of the discussions before medical societies, which have been reported within the past five years, such advice as: Why not limit the prescribing of physicians to the articles mentioned in the pharmacopoeia? Or should not the profession agree not to use any patent medicine; or that all proprietary medicines should be excluded from the advertising pages of medical journals, and should not be used by physicians? It is such advice which supplies the nostrum journals with the telling arguments in opposition to this great work, which is so often made ridiculous through misstatements and misunderstanding. The medical profession should be in possession of a criterion which should help it to decide which of the many

samples of medicines left in a physician's office should find their way to the trash-basket. Samples of secret mixtures, protected by trademark, but not patented, which are exploited as definite chemical compounds—or coal-tar synthetics—should be considered as an insult to the intelligence of every physician receiving them. The information about such articles, so often limited to the statement that they do not depress the heart, at once suggests that they are more or less dangerous mixtures of acetanilid exploited as definite chemical compounds with popular names valuable only as commercial assets. Often the workmen in nostrum manufactories who know the secret of some special mixture will exploit such mixture under new, popular names, furnishing formulas such as C5, H10, O20, N30, and then circularize and sample the medical profession, expecting physicians to accept such samples, and prescribe such nostrums or secret proprietary medicines, to their patients, which represent, as all nostrums do, fraud as to their composition, and false statements as to their therapeutic value.

To sum up: I. Proprietary remedies include ethical preparations and nostrums.

II. All medicines protected by a patent are ethical.

III. Nostrums include secret proprietary mixtures and secret synthetics protected by the trademark law.

All samples of secret medicines should be deposited in the trash-basket, as every scientific physician should know the quantity of the ingredients in the mixture or mixtures which he uses, and should beware of secret synthetics.

The Council of Pharmacy of the American Medical Association has the courage of its conviction and is doing splendid work in educating the medical profession along the lines of scientific medicine, and away from the nostrum evil, and, with the cooperation of the *Ladies' Home Journal*, *Everybody's Magazine* and *Collier's Weekly*, the same thing is being done for the general public. By the study of pharmacology the United States Pharmacopoeia will come into more general use and scientific medication will be correspondingly advanced throughout the United States.—*Editorial N. Y. Medical Journal.*

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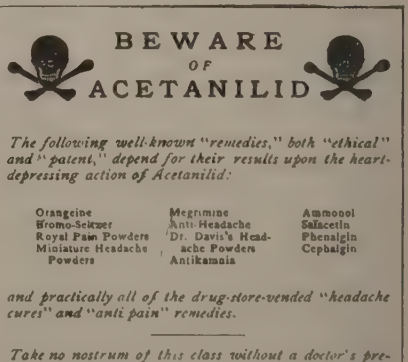
In *Collier's Weekly* of December 2nd appears the fourth of the series of articles on the great American fraud. Every practicing physician


BEWARE
OF
ACETANILID
The following well-known "remedies," both "ethical" and "patent," depend for their results upon the heart-depressing action of Acetanilid:
Orangeine
Bromo-Seltzer
Royal Pain Powders
Miniature Headache Powders
Megrimine
Anti-Headache
Dr. Davis's Headache Powders
Antikamaia
Ammonol
Salacetin
Phenalgin
Cephalgin
and practically all of the drug-store-vended "headache cures" and "anti pain" remedies.
Take no nostrum of this class without a doctor's prescription, unless you are sure it contains no acetanilid. Make the druggist tell you. He is responsible. A suit for damages has recently been won against a New York drug store for illness consequent upon the sale of a "guaranteed harmless" headache tablet containing three gains of acetanilid.

should read these articles in order that he may inform his patients upon this matter, if for no other reason. Probably at no time in the history of our profession has so much been done to educate the public relative to nostrums as during the past few months. Certainly the medical profession owes a debt of gratitude to *Collier's Weekly*, the *Ladies' Home Journal* and *Everybody's Magazine*. We reproduce a cut appearing in *Collier's Weekly* showing what *Collier's* thinks of acetanilid nostrums.

## THE MEDICAL DEPARTMENT OF THE ARMY.

The army today is officered for a strength of 100,000 men except the Medical Department, which is only sufficient for 42,000. As the Surgeon General has succinctly put the case: "The three primary duties of the Medical Department are (1) to preserve the effective strength of armies by military sanitation; (2) to care for the sick and wounded; (3) to conduct the administrative work of the department. To carry out these objects requires a highly specialized and complex organization, and a numerous trained personnel. Military sanitation is now recognized to be a well marked specialty in medicine, of which the average practitioner knows little more than he does of the methods of military medical administration. The second duty is that for which civilian physicians can be used to advantage, while the first and third must be, in the main, in the hands of trained medical officers in order to secure efficiency, and to relieve the volunteer medical officer of the "red tape" which, while a necessary evil, is so burdensome and incomprehensible to men not trained to Government methods."

The bill which is now before Congress provides for an increase of medical officers from 320 to 450, exclusive of the Surgeon General. It reduces the length of service required in the grade of Lieutenant before promotion to Captain, from five to three years, in order to correspond with the requirements of the naval service. It increases the proportions in the higher grades to that existing for many years, prior to the reorganization of 1901, and nearly equalizes them with those existing in the Medical Corps of the Navy. It provides examinations to determine fitness for promotion up to include the grade of colonel. It provides a Medical Reserve Corps which shall constitute an eligible list of Medical Officers who shall have been examined, and commissioned if found fit, for service as medical officers with the rank of first lieutenant in case of war or other emergency. These reserve medical officers are intended to replace the contract surgeons, upon which the Medical Department depends for expansion when its numbers are found to be inadequate for the needs of the service, as, for example, when the army is raised to its maximum authorized strength of 100,000 men. They are not intended to in any way replace the volunteer medical officers.

President Roosevelt is fully alive to the importance of this matter, and in a message to Congress last

January, he said: "Not only does a competent medical service by safeguarding the health of the army, contribute greatly to its power, but it gives to the families of the nation a guaranty that their fathers, brothers and sons who are wounded in battle or sicken in camp shall not only have skilled medical aid, but also that prompt and well ordered attention to all their wants which can come only by an adequate and trained personnel. I am satisfied that the Medical Corps is much too small for the needs of the present army, and therefore very much too small for its successful expansion in time of war to meet the needs of an enlarged army, and in addition to furnish the volunteer service a certain number of officers trained in medical administration. ... If the Medical Department is left as it is, no amount of wisdom or efficiency in its administration would prevent a complete breakdown in the event of a serious war."

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## OSTEOPATHY.

Osteopathy is defined and described in the New York Independent, November 9, 1905, by its originator, A. T. Still, of Kirksville, Mo., who explains, at first hand, many things of considerable interest to the medical profession. This peculiar medical cult has existed about 25 years, and was apparently doomed to death by inanition when it took on renewed life about 10 years ago, and has shown such phenomenal growth since then that it is the part of wisdom to examine into the reasons for its existence. From his own statement, it is evident that Still began his work by one of those curious bits of illogic "reasoning" which, make up so much of the history of the world—which, indeed, have always had a tremendous influence upon the course of events—from the burning of witches to the vagaries of Mohammedan fanatics. He knew that the life of cells was dependent, among other things, upon the foods brought to them by the blood. This one true idea then became dominant and overpowered all others, and as soon as such a mental attitude was gained, the other steps were easy. There could be no other condition which kept cells alive, and deprivation of blood was the only cause of cell death—excessive heat, deprivation of heat, corrosives, toxins, traumatism, interference with nerve-supply, and all the thousand and one things which can cause death, were either forgotten entirely or were considered to be merely remote causes of obstruction of the circulation, or followed it. Then came the conclusion, "an unobstructed, healthy flow of arterial blood is life"—a definition which is phenomenal among all the thousands of attempts to define life—phenomenal, in that it proceeds from as clear an obsession as it is possible for psychology to furnish. THE OBSESSION IN OSTEOPATHY thus became the center around which all subsequent thoughts arranged themselves in the effort to explain pathology on one principle. For instance, disease must be partial death due to partial blood obstruction. The mind then sought for me-

chanical causes of the obstruction, and the explanation hit upon involved the usual mental gymnastics familiar to all students of psychology—that is, it was not due directly to pressure on the vessels at all, but pressure upon the spinal nerves as they passed through the foramens of the spinal column. A slip or "dislocation" (now called sublux ation) of a vertebra caused a pressure upon the blood vessels supply ing the cord, and also pressed upon the nerves carrying "all the vital impulses between the cord and the viscera"—that is, the blood is no longer life, but the cord is; the vital impulses travel through the nerves and not in the blood. Tissues are not diseased by interference with their blood supply, but by interference with the vital impulses in the nerves. Life is now considered as something which passes out of the cord through the foramens—"through them went life." The next step was inevitable —"at these foramens we find the seat of 95 per cent. or more of the lesions"—that is, these are mere mechanical causes of all diseases except the 5 per cent. due to unknown or unmentioned causes. The pressure is thus trebly effective—it deprives the cord of part of its life through pressure on its blood vessels; this diminished life is further dammed back by pressure on the spinal nerves through which it flows, but how this effects the blood supply of the diseased organs is not explained. The name osteopathy is thus to emphasize the theory that bone pressure causes all diseases.

THE SPREAD OF OSTEOPATHY is the thing to discuss, as it is quite evident that the illogic and bizarre theory cannot be seriously considered, particularly as it states that postmortem examinations reveal the pressures and that relief of the pressure is curative. The matter is merely one of the thousands of illogic, baseless theories recorded in the history of medicine; it is the dogmatism which has always afflicted every science. The textbooks written by osteopathy are so full of unproved and unprovable assertions that any discussion of them is not possible. It is really pathetic in this age, but why does it not die? One reason for the success of the cult is no doubt due to the fact that the massage and joint movements are really beneficial, or perhaps even curative, in a certain percentage of chronic invalids who no doubt constitute the majority of its devotees. Suggestion also is probably responsible for improvement in the neurotic cases which flock to every new fad. Even frauds may have great success temporarily, but so far as known there is not the slightest hint of fraud in the origin of this curious dogma. The main reason for the spread of the delusion involves the same illogic conduct characteristic of it all. The text books truly assert that no one can practice this method unless he is thoroughly grounded in anatomy, physiology, and pathologic histology, to which we must add physics, chemistry, psychology, and all the branches of a liberal medical education, matters of several years of instruction. Nevertheless the graduates are turned out without the very instruction which is claimed to be essential. Hence, ignorant men,

wholly lacking the first essentials for the practice of osteopathy, are given diplomas certifying that they are competent. THE DEATH OF OSTEOPATHY can be safely predicted, and there is nothing to worry about. It will cure itself, for no system can stand if its professors are so ignorant. If they become learned they will not be osteopaths. No doubt many of them have been duped into taking up the alleged study and will drop it in time as they learn better; those who can not make a living at it will, of course, drop out, and the quacks who see in it a new field will work it as long as money can be squeezed out of a gullible public in this easy way. The licensing of osteopaths should not worry the public nor the regular medical profession. If they can pass an examination in the things which they declare essential to a knowledge of the cult, we should not object; and the public must insist upon such knowledge to prevent injurious massage by ignorant pretenders. No man will spend the time necessary for such learning and not be convinced that he must know more. So it is proper for our legislators to insist upon these men passing a regular examination, and when once that is demanded, the delusion will fade and finally disappear to join the hosts of departed fads. It will last some years yet, probably many years, but all the people can't be fooled all the time. The pathetic side of the origin of the delusion is the part of the matter which has been so strangely overlooked. As a subject for psychologic study, it is of considerable scientific interest. A systematized delusion is defended in just the way this theory is explained.

THE LESSONS TO BE LEARNED FROM OSTEOPATHY are quite evident, and are the same old lessons learned from every other similar movement. Of course there is the chance for ignorant but honest men to attempt medical practice after a few months' training—a very old story; nor is there anything new to be learned from the creation of a new field for quacks. The potentialities for harm in these two classes are so great and so well known that it is really a waste of time to refer to them. Public safety demands that men permitted to treat any diseases must be learned men, at least learned in the parts they need—anatomy and all the other basic branches. Nor is there anything to be learned from the facts that this new fad offers a field for the use of suggestion in neurotic complaints—every bold assurance cure does that. A learned London physician has even shown that there are great therapeutic benefits in prayer in calming hypersensitive nerves and diminishing mental irritability. It is the reason why certain emotional religions, as distinguished from the cold reasoning ones, are so much more popular and beneficial to the nervous and emotional parts of the community. The real lesson from osteopathy, which the medical profession must learn, is the fact that massage and passive movements have a much wider field of usefulness than is generally supposed. It is a therapeutic measure often sadly neglected by the intellectual doctor who will prescribe a drug, but is not a mechanic in any

sense of the world. Such manual labor should not be impractical, though it apparently is. The average patient cannot afford a masseur and doctor, too, when he needs both. If the osteopath will confine his mechanical labors to the direction dictated by a learned physician, he might be of benefit indeed, but if he is to assure the public that 95 per cent. of all diseases are thus cured, he is a menace to public safety. There can be no compromise on that point, but it can never be an excuse for persecution of men, many of whom are honest, though fanatically deluded. Making martyrs of them will only perpetuate an illogic fad, which is sure to die of inanition in time. (Ed. Am. Med. Jan. 20th).

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## OBITUARY.

Dr. Putnam S. Fulkerson died at his residence in Lexington, Mo., December 16th, 1905. He was born in Lee county, Virginia, in 1827, came to Missouri in 1847 and located in Lafayette county, where he lived and labored until the end of his eventful life.

After some five years with his preceptor he took his first medical schooling in Louisville, Ky.

When a mere lad he began the practice of medicine with his preceptor, who was his uncle, Dr. James Fulkerson, of Virginia. After one year there, he came to Missouri, and located in Texas Prairie, Lafayette county, and practiced there until 1853 when he went to Jefferson Medical College and graduated from that institution in 1854.

On his return from Philadelphia, he located at Chapel Hill, Mo., and there remained doing an active practice until the Civil War began.

He espoused the cause of the South and was appointed surgeon of General Joe Shelby's Brigade, in which position he served until the close of the war. He then located at Wellington, Mo., where he practiced until 1876, when he moved to Lexington, Mo.

In 1876 and 1878 was elected collector of Lafayette County, and from 1884 to 1888 he was postmaster in Lexington. While he held these offices he continued his professional work having his official work done by deputies.

Dr. Fulkerson was a careful, conscientious doctor; attentive to his patients, a careful, thoughtful reader, punctual to his medical societies, devoted to his profession and loyal to the highest medical ethics. He was a frequent contributor to medical literature and an occasional writer of verse.

He was frequently honored by his profession—was more than once vice president of the Missouri State Medical Association, was ex-president of the Kansas City District Medical Society and president from the time of its organization until his death of the Lafayette County Medical Society.

His broad and careful readings, his thoughtful experience and accumulated wisdom of sixty years, made him a strong doctor and a wise counselor.

Perhaps no man in Western Missouri did more to build up the moral and social status of his state, or who was more willing or more active in establishing a higher medical stand-

ard and professional ethics, than he. His constant work and devotion to his profession for more than half a century, together with his splendid social attainments, his genial bearings, his affable manner and his ethical methods made him a pleasant associate, a loyal citizen and a wise counselor. His virtues were "Positive and Progressive"—ever seeking to establish truth and destroy error; he was sympathetic, charitable and just. While unassuming in his bearings and modest in his deportment he possessed the characteristics of true manhood. Though kind and tender in his manner, he carried at all times the "tenor and dignity of a gentleman."

In the passing of a character like this, his family lost a kind husband, and an indulgent father, the state a loyal citizen and the profession an honored and useful member. But out of his newly made grave springs the hope that dies not, of the beauty and splendor of a pure life.

N. P. W.

# FORTY-NINTH ANNUAL MEETING
of the
# MISSOURI STATE MEDICAL ASSOCIATION

Jefferson City, May 15, 16, 17, 1906.

PRELIMINARY PROGRAM.

Allen, T. C., Bernie,Malaria. Adams, J. Q., Belleview. Ball, J. M., St. Louis, Some Recent Advance in Ophthalmology. Barclay, R., St. Louis, A Method of Radical Relief of Cases of Deafness Long Abandoned as Hopeless; Illustrated by Reports from Actual Practice. Bartlett, W., St. Louis, Lessons to be drawn From Recent Operations on the Stomach. Buckwalter, J. C., St. Louis, Cough. Brown, Tinsley, Hamilton. J. H. P. Baker, Salisbury. J. D. Brummall, Salisbury. Campbell, B. O., St. Joseph, Ectopic Pregnancy. Chastain, E. N., Butler. Cordier, A. E., Kansas City, Non-Lithogenous Obstructions of the Biliary Ducts. Crossen, H. S., St. Louis, The Treatment of Fibroid Tumors of the Uterus. Davis, T. O., Maitland, Broncho-Pneumonia. Davis, E. P., Woodruff, Typhoid Fever. Dorsett, W. B., St. Louis. Edmonson, M. M., Kansas City, Some Remarks on the Treatment of Chronic Joint Disease. Elam, W. T., St. Joseph, Supra-Pubic Cystotomy as Preliminary to and as a Route for the Performance of a Considerable Number of Prostatectomies. Frankenburger, J. M., Kansas City, Rectal Abscesses. Frick, W., Kansas City, The Therapeutics of Eczema. Geiger, C. G., St. Joseph, Appendicitis. Gray, A. L., St. Joseph, The Use and Abuse of the Obstetrical Forceps. Wilson, Dora Green, Kansas City, The Present Status of Psychotherapy. Hertzler, A. F., Kansas City, The Treatment of Retroflexion of the Uterus. Hill, Roland, St. Louis, Obstructions of Small Intestines from Chronic Disease; with Report of Cases. Jarard, H., Pleasant Hill. Jurgens, H., Edina, Suppuration of the Superior Maxillary Sinus with Involvement of Ethmoidal Cells and Sphenoidal Sinuses. Kirchner, C. G., St. Louis, Surgical Aspects of Typhoid Fever. Lewis, C. O., Fayette, Albuminuretica. Lockwood, T. F., Butler, Criminal Abortion; a Prevailing Evil Against the Unborn Generation. A National Crime Committed for Mere Social Promotions. Mark, E. G., Kansas City, Pyuria. McGinnis, H. F., Higginsville, Illegal Practice in Medicine. Miller, Sherman, Maysburg. Mitchell, C. M., Blythedale, State Medicine. Morrow, C. J., Kansas City, Syphilis of the Nervous System. Mussen, E. H., Rockingham, Ear-tire as a Factor in Disease. Norman, J. B., California, Intestinal Auto-Intoxication. Potter, T. E., St. Joseph, Tuberculous Disease of Joints. Saunders, St. Elmo, Kansas City, Surgery of the Liver. Seba, J. D., Bland, Spina Bifida. Stauffer, W. H., St. Louis, The Importance of Post-Operative Treatment in Diseases of the Rectum. Shy, M. P., Knobnoster. Triplett, J. S., Harrisonville, Medical Reformation. Von Quast, Ernst, Kansas City, The Limitations of Surgical Interference. Walter, F. E., Perry.

# COUNTY SOCIETY NOTES.

## BENTON COUNTY MEDICAL SOCIETY.

Benton County Medical Society met in regular session at Cole Camp on January 9th, the president, Dr. G. A. Greeson, in the chair. The attendance was unusually good, the following members being present: Drs. G. A. Greeson, Rhodes, Lemon, Walton, Schwald, Holtzen, Davis, and Dr. Snively, of Edmonson, visiting.

The society adopted the constitution and by-laws of the American Medical Association as prepared for county societies.

Dr. J. Walton read a paper on "Pneumonia." Dr. G. A. Greeson reported a case of fracture of the femur with fracture and impaction of the neck. Both paper and report proved interesting and were discussed freely by the members. Dr. Snively presented a case of gun-shot wound of the eye. The bullet entered the eye-ball rupturing the iris and destroying sight. Dr. Schwald presented a case of what was decided to be a malignant growth on the dorsum of the hand. After a free discussion of the case the society adjourned to meet in Warsaw on the second Tuesday in April.

S. O. Davis, Secretary.

## BUTLER COUNTY MEDICAL SOCIETY.

At the December meeting the attendance was good. The clinical program was passed over until the January meeting and the election of officers for 1906 was taken up, resulting as follows: President, J. J. Norwine; vice president, A. W. Davidson; secretary, Ira W. Seybold; treasurer, B. C. Jones.

The following committee report was received and resolutions adopted:

We, your committee appointed to present resolutions concerning quackery, illegitimate practice of medicine, obstetrics and surgery, and the mailing of literature and sample medicine to the laymen of every land, all for the purpose of decoying the uninformed and unthinking classes into their clutches and obtaining their money without value received, and often causing or hastening their death, either directly or indirectly, desire, in behalf of these people, not only in our county, but every county in this broad land, to submit for your consideration the following resolutions:

Resolved, That our efforts should be crystalized as a county medical society in the endorsement of what has been published along this line by the *Journal of the American Medical Association* and various State Medical Journals and numerous high class periodicals, also the stand taken by the United States Army and Naval officers in the disbursements of pure food, skill and education of their departments, and whereas all this confronting the advancement and progress of this, the greatest period of education. Be it further

Resolved, It is our special duty to agitate this, a paramount question, not for any mercenary motives, but purely philanthropic, and urge every daily publication to use its in-

fluence in stamping out this heterogeneous class of thieves and life destroyers by which means we feel that a duty has been done which money could not procure. Be it further

Resolved, That as the literature accompanying nostrums advertised and exhibited for sale for all forms of disease is often deceptive, hurtful and immoral, that we respectfully urge upon our congressmen to formulate and support a law requiring that all patent and proprietary medicines shall carry an exact and complete formula of the contents of each package, bottle or prescription. And be it further

Resolved, That the report of this committee be published in the JOURNAL MISSOURI STATE MEDICAL ASSOCIATION, and ask that similar action be taken in every county in the state, hoping that this spirit eventually may enter every county medical society in the land, and that these resolutions be recorded upon the minutes of this society.

J. J. NORWINE.
A. W. DAVIDSON,.
W. F. S. TAYLOR.
I. W. SEYBOLD,
B. C. JONES.
Committee.

Committees will be appointed and delegate and reporter will be elected at the next meeting, January 26th. The date of our meetings is the last Friday in each month.

J. J. NORWINE, Reporter.

## CARTER-SHANNON COUNTY MEDICAL SOCIETY.

The Carter-Shannon County Medical Society met in regular session, January 9th, at Winona. The meeting was called to order by Dr. Hyde. There were present Drs. Gum, Cotton, Hastler, Davis, and Drs. Fulton and Furber, who were elected to membership. Minutes of last meeting read and approved. An interesting clinical case—a dislocation of the head of the femur in a child 2 years old, due, as appeared from the history of the case, to traumatism, with, in all probability a congenital weakness of the ligaments of the joint, was presented to the Society, and the case carefully examined and discussed by the members. A very interesting paper on cholera infantum was read by Dr. Gum, and freely discussed. Also a paper on pernicious malaria by Dr. Hyde, and one on pneumonia by Dr. Cotton, were read and discussed with much interest by the society. An interesting case of dysentery in a two year old child was reported by Dr. Chilton.

Several questions of interest were discussed by the society, and withal, the meeting was characterized by interest and enthusiasm, and considered one of the most successful in the history of the society.

J. A. CHILTON, Reporter.

## CHARITON COUNTY MEDICAL SOCIETY.

Chariton County Medical Society convened at 8:30 p. m. on December 21, 1905, Dr. Tatum in the chair.

Dr. Welch presented an interesting clinic. Dr. J. H. P. Baker read a paper on "Exophthalmic Goiter."

Dr. J. H. P. Baker and Dr. J. D. Brummal were selected to read papers at the annual meeting of the State Association in May next.

Dr. Brummal, chairman of the committee on year-book for 1906, presented an outline of the work suggested. On motion the report was adopted with necessary changes in the year-book.

Dr. G. W. Edwards of Brunswick, was elected to membership.

Officers for 1906 were elected as follows: President, J. R. Gaines; vice president, O. McEwen; second vice president, H. E. Kirkpatrick; secretary-treasurer, C. A. Jennings; reporter, W. L. Baker; censors, G. W. Hawkins, J. D. McAdam, C. H. Temple; delegate to State medical association, J. H. P. Baker.

There being no further business the society adjourned to the banquet hall where a dinner had been prepared for the members and their guests.

W. L. Baker, Reporter.

## CLAY COUNTY MEDICAL SOCIETY.

The regular meeting of Clay County Medical Society convened at Liberty on December 26th. Typhoid fever was the subject chosen for discussion and an able paper with that title was read by Dr. J. M. Allen. Drs. L. J. Jones, Marsh, Rice, Rothwell, Cuthbertson, Sevier and Mathews also took part in the discussion.

The next regular meeting will be held on January 29th.

W. H. Matthews, Secretary.

## GREENE COUNTY MEDICAL SOCIETY.

Greene County Medical Society met in Council Chamber at Springfield, January 6th, at 8 p. m., Vice President Coffelt in chair. Minutes of previous meeting read and approved. Members present, Drs. Coffelt, Tefft, Ralston, Farnsworth, Matthews, Peake, Hunter, Ross, Cox, Bartlett, Fulton, Terry and Cowan.

Treasurer's report:

| | |
|---|---|
| Cash on hands Jan. 12, '05 | $149.29 |
| Am't rec'd during year | 121.00 |
| Total | $270.29 |
| Am't paid out on warrants | 96.50 |
| Cash on hands Jan. 1, '06 | $173.79 |

Report was received, and a committee composed of Drs. Fulton, Bartlett and Matthews appointed to audit the books.

The secretary's report is as follows: Number of members, 29; new members elected, 1; number of meetings during the year, 28; number of members present during the year, 283; number of visits by physicians not members, 23; average number members present each meeting, 10 3-28; number papers read and subjects presented, 8; cases reported, 25; discussions by members, 71.

The society, on March 4th, adopted a new constitution and by-laws, thereby becoming the Greene County Medical Society and became affiliated with the State society.

During the month of December the society lost by death one of its oldest and most honored members, Dr. C. C. Clements.

In reviewing the year's work, and comparing it with 1904 it is found in every particular, except the average attendance per meeting, the showing is much poorer for 1905 than 1904.

The library committee was given

further time for report.

Election of officers for the year resulted as follows: President, Dr. G. W. Barnes; vice president, Dr. J. C. Matthews; secretary, Dr. R. M. Cowan; treasurer, Dr. Farnsworth; member board of censors, Dr. Taft.

Motion to take Dr. Smith's resolution off the table was lost.

Dr. Smith gave notice that the following resolution would be offered next Saturday night:

Sec. 4, Chap. II of by-laws to be amended so as to read: "The regular meetings of this society shall be held on the second and fourth Friday night of every month except August; the hour of the meeting to be ordered by the society."

The secretary was authorized to buy what stationery was need for the use of the society.

MEETING OF JANUARY 16TH.

January 16th, Greene County Medical Society met in regular session, Dr. Barnes in the chair. Minutes of the last meeting read and approved. There was present, Drs. Barnes, Fulton, Matthews, Patterson, Smith, Cox, Farnsworth, Hunter, Ross, Coffelt, Camp, Woody, Fulbright and Cowan. Dr. Smith's resolution amending Sec. 4, Chap. II of by-laws to read: "The regular meetings of this society shall be held on the second and fourth Friday night of every month except August; the hour of the meeting to be ordered by the society;" was offered, and seconded by Dr. Farnsworth; resolution discussed by Drs. Matthews, Coffelt, Fulton and Ross. Resolution carried.

Committee to examine treasurer's books found same correct. Report received and filed and committee discharged.

Motion carried to appoint committee of three to draw up resolutions concerning the death of Dr. Clements. Drs. Tefft, Camp and Farnsworth appointed. Application for membership of Dr. Oldham received and referred to board of censors. Bills presented from Bessie A. Knox, Springfield *Republican* and R. M. Cowan, allowed, and warrants drawn on treasurer for same.

Motion made and carried that the secretary be instructed to have change in by-laws inserted in printed copies of Constitution and By-laws, by stenographer.

Dr. Camp reported a case of a child with seeming abscess on each lid. Dr. Fulton reported case of pneumonia with complication. Cases discussed by Drs. Ross, Woody, Cox and Fulbright.

ROBT. M. COWAN, Secretary.

## GRUNDY COUNTY MEDICAL SOCIETY.

Grundy County Medical Society met in regular session at the City Hall, Trenton, on January 16th, 1906. The meeting was called to order by the president, Dr. N. E. Sutton, at 8 p. m. The secretary being absent, Dr. R. G. Davenport was appointed secretary pro tem. Minutes of last meeting were read and approved.

Motion was made and carried that the president appoint three members of the society to frame an article designating what would be proper or improper language used in connection with patent medicines, nostrums, secret products or proprietary compounds advertised in any publication in Trenton, Missouri, or

the distribution of hand bills or pamphlets printed in or out of Trenton, Missouri, and distributed by carrier, or through any other avenue in the city of Trenton, State of Missouri. Then present to city council to be made an ordinance, imposing a fine as they see fit for violation of each and every act, by publication or distributer. This article to be reported at next meeting before going to the council

Drs. Davenport, Coon, Asher and Stewart were appointed to frame the article.

Motion made and carried that this society endorse the action of the St. Louis Medical Society in suppressing spurious advertisements in their city.

Motion made and carried that a committee of two be appointed by the president to ascertain if the article that appeared in our daily *Republican-Tribune*, December 20, 1905, in behalf of Drs. Bellows, Kimberlin and Punton of Kansas City, Mo., in regard to the removal of one Mrs. Berry's eye at the Punton Sanitarium, was gratis or paid. Drs. Asher and Davenport was appointed on this committee.

Paper by Dr. J. A. Asher: "Is Antitoxine of Value in Croup?" The paper was terse and to the point, establishing a clinical similarity of croup and diphtheria and regarding their difference due more to locality than anything else. Several cases of deaths were reported and also recoveries where the serum was used. In his opinion two conditions must exist to be of value. The resistance of the patient to the toxic effect of the disease great enough and the ability of surgical methods if necessary to keep the air passages unobstructed long enough to admit the administration of large amounts of the remedy. The paper was discussed by Drs. Stewart, Coon, Sutton and Davenport.

It was generally agreed by the society to ask our theological institutions to have the patent medicine advertisements withdrawn from their Sunday school literature, etc. Adjourned to meet the 2nd Tuesday in February, 1906.

Dr. R. G. Davenport.
Secretary Pro. Tem.

## HARRISON COUNTY MEDICAL SOCIETY.

Harrison County Medical Society met in regular session at the office of Dr. Guinn on January 16th. The President, Dr. A. H. Vandivert, called the meeting to order. Dr. Wiley, the secrtary, was unable to be present on account of illness and Dr. Guinn was chosen secretary pro. tem. The following members were present: Drs. Broyls, Walker, Mitchell, G. E. Guinin and Vandivert. Dr. Mitchell read a paper on "Modified Smallpox and Vaccination" in which he directed special attention to the subsequent treatment of vaccination. The paper was a splendid essay on this subject and the discussion was general. Dr. C. M. Mitchell was chosen to prepare a paper for the state meeting, the subject to be "State Medicine". The delegate to the state meeting will not be chosen until it is known who can attend. Two physicians in Harrison County have had their license to practice revoked on account of promiscuous prescription writing. The uncompromising prosecutiing attorney of Harrison county, Mr. S. P. David-

son, has put the lid on very tight so that it is pretty risky for a physician to write promiscuous prescriptions for whiskey.

W. H. Wiley, Secretary.

## HOLT COUNTY MEDICAL SOCIETY.

The Holt County Medical Society met in the office of Dr. Williams at Maitland, on January 4th. In the absence of the president the vice-president, Dr. Williams, called the meeting to order. Dr. F. E. Hogan of Bigelow was elected to membership. While the attendance was not quite as large as usual, there was no lack of enthusiasm, and the meeting was considered the best in the history of the Society. There was much fraternal spirit shown and harmony prevailed throughout all the proceedings. The matter of organization took precedence in debate and many plans were suggested for bettering the organization and harmonizing the profession throughout the county. The matter of collections was discussed and plans suggested to make the "slow" one come forward. A fee bill was presented and adopted as a guide that there might be more uniformity in making charges for services. Dr. B. T. Quigley of Mound City was elected a delegate to the meeting of the State Association and Dr. F. E. Bullock of Forest City alternate. Dr. T. O. Davis read a paper on "Broncho-Pneumonia". This paper covered a period of several year's experience by the author and was timely and to the point. For lack of time the remainder of the program was continued till next meeting which will be held at Mound City, April 5th. The following names will appear on the program for the April meeting: P. D. Kelley, J. M. Miller, J. F. Chandler, Ira Williams and J. M. Davis.

J. F. Chandler, Reporter.

## JACKSON COUNTY MEDICAL SOCIETY.

The Jackson County Medical Society held its regular meeting Thursday January 11th, 1906, the president Dr. E. H. Thrailkill in the Chair.

The following resolutions were adopted by unanimous vote of the Society:

Whereas, The general press has aided and abetted the use of nostrums and "cure alls" which are well known to contain a large per cent of alcohol; and whereas, The medical profession recognizes and deplores the danger of the indiscriminate use of such deceptive and powerful medicines; be it therefore Resolved, That the Jackson County Medical Society express its hearty approval of the firm stand taken by the editors of the *Ladies' Home Journal* and *Collier's Weekly* upon this important matter; be it further Resolved, That these resolutions be spread upon the minutes of the Society and that a copy be forwarded to the editors of *The Ladies' Home Journal* and of *Collier's Weekly*. Whereas there is in our own midst a remedy which calls itself a "bracer" and boldly declares its endorsement by the profession; be it Resolved, That this Society denounce such advertisements as most dangerous to the public welfare, a libel on the noble

profession of medicine.

(Signed) Ernst von Quast, M. D.

At this meeting, three new members were received and nine applications for membership, were referred to the membership committee.

The annual address of the president, Dr. E. H. Thrailkill, preceded the scientific program which consisted of a very interesting paper by Dr. C. B. Hardin entitled, "Some Thoughts on Infection, with Special Reference to Secondary Affects on the Heart."

After a consideration of the general subject of the process of infection, of immunity, and of the pathogenetic property of bacteria, the essayist dwelt at some length upon the manner in which the heart becomes involved in acute infections, upon the precursors to organic changes when the latter occur, and upon the therapy of cardiac involvements.

In the first place, as to infectious diseases, he stated that no germ was inherently pathogenic; that it became so only when the condition of a tissue favorable for its development and action there existed. As was the case in many other diseases, so in an infectious process the power of resistance of the individual and therefore of the heart, determined the degree or type of heart implications.

In nearly all instances of continued infection, he said, the heart became involved secondarily; it mattered not whether the process was a septicaemia, toxaemia, or pyemia, the results upon the heart structure might be the same. Again, in infectious diseases predisposition to heart involvement lay in deficiency of structure such as congenital weakness, malformations, or any other condition lessening tissue resistance. As to treatment of heart complications, he declared that it should be the aim of the physician to arrest inflammation of heart structure before degenerative processes began; however the latter were in many instances inefficient attempts on the part of nature to restore heart integrity. The essayist stated, in reference to the prophylaxis of cardiac complications in infectious processes, that much could be gained by attempts to restore normal tissue activity and nutrition by permitting the patient to get about as early in convalescence as was compatible with safety; this should never be practised, however, when a crippled heart has already developed. Thus one made the efforts to prevent rather than to cure the heart involvement.

The discussion of this paper was opened by Dr. O. L. M'Killip, Drs. C. C. Conover, D. R. Porter, J. Q. Chambers, Howard Hill, H. C. Crowell and James Thompson also taking part; Dr. Hardin closed the discussion.

Owing to the late hour, a paper by Dr. W. H. Coffey, on "The Prophylaxis of Rectal Diseases," was postponed until the next meeting of the Society.

New members: Drs. Chas. William Gosney, 718 Shukert Bldg.; Noel E. Lake, 14th and Summit Sts.; Eugene Pierre Mallett, 12th and Wyandotte Sts.; R. W. Holbrook, 224 Bryant Bldg.; E. L. Harrison, 621 East 30th St.; W. H. Case, 2203 Lister Ave.;

Orval J. Cunningham, 305 Altman Bldg.

MAX GOLDMAN, M. D., Secretary.

## JASPER COUNTY MEDICAL SOCIETY.

The Jasper County Medical Society met in regular session in the parlors of the Young Men's Christian Association, on Dec. 18th. Dr. A. B. Freeman presiding. The following members were present: Drs. Freeman, Pifer, Shelton, Miller, G. W. Clark, Lanyon, Bachelder, Kelso, Neff, Blackwell, Matthews, and James. The minutes of the previous meeting were read and approved. The application of Dr. G. W. McClure, of Carterville, was received and tabled and referred for action. The annual election of officers was then held. For President, Dr. J. D. Pifer received greatest number of votes. Moved and carried that Secretary be instructed to cast vote of members present for Dr. Pifer. Dr. J. W. Clark, of Carterville, was elected vice-president in like manner. Dr. J. W. James was re-elected Secretary, Dr. G. W. Miller was re-elected Treasurer. Dr. R. L. Kelso was elected to serve three years on the Board of Censors; Dr. M. B. Kincheloe for two years; Dr. L. I. Matthews for one year. Dr. R. L. Neff was elected delegate, and Dr. L. I. Matthews as alternate. The report of Secretary for the year 1905 was read and accepted.

On the invitation of the incoming President, Dr. J. D. Pifer, the Society adjourned to the House of Lords cafe and were treated to an informal luncheon.

R. M. JAMES, Secretary.

MEETING OF JANUARY 10TH.

The Jasper County Medical Society met in regular session in the parlors of the Young Men's Christian Association at 8.30 P. M. with Dr. J. D. Pifer in the chair. The following members were present:—Drs. Pifer, Clark, Lanyon, Shelton, Matthews, Snyder, Grantham, Neff, Miller, S. H. Bachelder, Freeman, Kelso, and James; Dr. F. L. Anderson visiting.

Dr. A. R. Snyder read a very interesting paper on "Acute Articular Rheumatism." The doctor laid special stress on the old treatment of fifty years ago, such as "the alkalies, between blankets, forced rest, etc." The paper was freely discussed by most of the members present. The board of censors reported favorably on the application of Dr. G. W. McClure, of Carterville, and the Secretary was requested to cast the vote of members present for Dr. McClure.

Program for next meeting:—Dr. M. C. Shelton, —Paper—"Albuminuric Retinitis." Dr. W. H. Lanyon offered the following resolution. Resolved:—That we view with disfavor the appearance of advertisements of propriety remedies, that have been condemned by the committee of the American Medical Association in the JOURNAL OF MISSOURI STATE MEDICAL ASSOCIATION. The resolution was unanimously adopted.

## LACLEDE COUNTY MEDICAL SOCIETY.

The regular meeting of the Laclede County Medical Association was held in Lebanon, Monday afternoon, January 8th, with Dr. J. M. Billings, president, in chair. The

board of censors reported in regard to illegal practitioners in the county and instructions were given for the investigation of these practitioners and for action against them. A paper on "Acute Lobar Pneumonia" was read by J. A. Pinckard, and the discussion which followed brought out many suggestions as to the treatment, veratrum and aconite receiving their full need of praise. Acute intestinal troubles will form the basis for discussion the next session.

The following officers for the year were elected. President, J. C. Jacobs, of Conway; vice presidents, J. M. Billings, and T. B. Herbert, Lebanon; secretary and treasurer, P. L. Pritchett, Lebanon; board of censors, J. M. Billings, J. A. Pinckard, and J. A. McComb; delegate to the State Association Convention, J. A. McComb.

P. L. PRITCHETT, Secretary.

## LINN COUNTY MEDICAL SOCIETY.

The Linn County Medical Society met in regular session at Laclede, January 9th, the President, Kathryn Standley in the chair. The following officers were elected for the ensuing year: Dr. J. W. Mason, president, Brookfield; Dr. C. E. Jenkins, first vice-president; Dr. Ola Putnam, second vice-president; Dr. J. L. Burke, treasurer, Laclede: Dr. Foster Burke, secretary, Laclede; Dr. D. F. Howard, delegate, Brookfield. Dr. J. L. Burke, treasurer, submitted his report, showing balance on hand of $39.20. Report was approved.

Application of Dr. John T. Stevenson of Laclede, for membership was approved. A committee consisting of J. L. Burke, Laclede, J. W. Lane, Linneus, and U. C. Dryden, Purdin, was appointed to advise with the county court in regard to the appointment of a county health officer. The following papers were read: Dr. T. P. Oven "Veratrum Viride"; Dr. J. L. Burke "Report of a Case of Induced Abortion to Relieve Vomiting of Pregnancy"; Dr. Z. T. Standley "Report of a Case of Attempted Abortion"; Dr. C. E. Jenkins, "Osteopathy".

The next meeting will be held in Meadville on Tuesday, April 10th.

F. HOWARD, Reporter.

## LIVINGSTON COUNTY MEDICAL SOCIETY.

The Livingston County Medical Society held its regular meeting in Fraternal Hall, this city on January 10th. Dr. D. Gordon presiding. This being the annual meeting the following officers were elected for 1906: Dr. L.E. Tracy, of Chillicothe, President; Dr. F. P. Batdorff, of Farmersville, 1st vice president; Dr. R. W. Murray, of Dawn, 2nd vice president; Dr. J. F. Cherrington was re-elected secretary, and Dr. B. N. Stevens of Chillicothe was re-elected treasurer. Dr. R. Barney was elected delegate to the state meeting at Jefferson City next May; Dr. H. M. Grace of Chillicothe, alternate. The board of censors for 1906 are Dr. F. P. Batdorff, Dr. H. N. Carver, and Dr. R. H. Cabbell.

Under the scientific program Dr. F. P. Batdorff not being present sent his paper on "Ergot, Its Dosage and Indications Other Than in Obstetrical Practice." This was a very meritorious paper and was discussed and complimented freely by the mem-

bers. Our next meeting will be held on the second Wednesday in April.

The Post-graduate Medical Society of Chillicothe still continues to grow in interest and at our last meeting on January, 4th, we had an able and interesting lecture from Dr. Levi E. Tracy upon the subject of "Why we Should use Alkaloids instead of Galenicals." On the 18th, our next meeting, we will have clinical experiences from Dr. H. N. Carver upon "Tumors of the Uterus and its Appendages," or a lecture from Dr. J. F. Cherrington upon "Electricity in Pelvic Diseases."

J. F. Cheerington, M. D., Reporter.

## NODAWAY COUNTY MEDICAL SOCIETY.

The annual meeting of Nodaway County Medical Society convened at Maryville on January 11th. The meeting was called to order by the president, Dr. F. R. Anthony. Minutes of the last meeting were read and approved. The following program was carried out: Paper by Dr. J. W. Dean, "Acute Otitis Media"; discussion by Drs. Bradbury, Nash, Wallis, Martin and L. E. Dean.

Dr. H. L. Saylor talked on the various phases of scarlet fever. Discussion of this subject was participated in by Drs. Nash, Martin and Barnett. The following members were present: A. B. Allen, J. W. Dean, G. A. Nash, C. Ellis, F. C. Wallis, F. R. Anthony, L. E. Dean, F. M. Martin, R. M. Bradbury, Edwin Powell, H. C. Goodson, H. L. Saylor, E.L. Crowson, M.A.Gaugh, A. D. Barnett, C.F. Howell, John Cox. The Society adjourned to the Elk's Club Rooms where a banquet had been prepared by the members to which all the physicians in the county and their wives were invited. Dr. J. W. Dean responded to the toast "The Physician" and Dr. J. A. Nash replied to the toast "The Surgeon". The evening was thoroughly enjoyed by all in attendance.

L. E. Dean, Secretary.

## ST. LOUIS MEDICAL SOCIETY

Meeting of December 30, 1905—After the reading of the minutes, and reports of officers and committees of 1905, the Society proceeded to the election of officers to serve for the ensuing year, which resulted as follows: George Homan, president; Robert Barclay, vice president; Hart Goodloe, recording secretary; Edmund A. Babler, corresponding secretary; Charles J. Orr, treasurer. The following committees were appointed: Elections, Thomas A. Hopkins, chairman; Walter Baumgarten, Julius H. Gross. Publication and Debate: George M.Tuttle, chairman; Hudson Talbott, Albert E. Taussig. Executive: John C. Morfit, chairman; Davis Forster, John Green, Jr. Library: James Moores Ball, chairman; M. W. Hoge, Mary H. McLean. Microscopy and Pathology: Albert E. Meisenbach, chairman; William W. Graves, William H. Mook, E. F. Tiedemann, Louis M. Warfield. Public Health and Legislation: Clarence M. Nicholson, chairman; Hugo W. Bartscher, Robert Luedeking.

There were 237 members present at this meeting.

Meeting of January 6th, 1906.—The new president, Dr. Homan delivered a very appropriate address,

after which the minutes of the previous meeting were read and approved; eight physicians were elected to membership and several committees reported.

Dr. Gellhorn showed a two-months pregnant uterus complicated by a large uterine fibroid, which he had removed that day. He also gave a history of the case.

Dr. G. Wiley Broome, read a paper entitled "The Present Position of the Surgery of Caricinoma of the Coecum with Report of Cases." The doctor is very pessimistic in regard to this class of cases and made the statement that no case of this kind is ever cured; that radical operation is not justified—all that surgery can do is to palliate by relieving obstruction, which should be done by the simplest operation to accomplish the result. He reported four cases. The paper was discussed by Drs. Brown, Moore, and Kieffer.

Meeting of January 13.

After the reading of the minutes and disposal of the regular routine business, Dr. Willard Bartlett read a paper entitled "Eight Selected Cases Representing Two Different Phases of Gall Stone Disease." Dr. Bartlett first gave the history of four cases illustrating that class in which there are few, if any, of the diagnostic symptoms present, and are usually first diagnosed at autopsy, or are found while operating for some other condition." He thinks that a diagnosis could be made in a larger per cent of these cases, if one would carefully consider the history and predisposing causes. A history of long continued digestive disturbances not benefited by treatment, should lead one to suspect gall stone. The predisposing causes are, age, sex, (women being more liable) frequent child-bearing, obesity, and any disease which causes ulceration and thus lessens peristaltic action of the intestines. He then gave the history of four cases illustrating that class in which the common duct is obstructed, and in which we have the classical symptoms, viz., colic, tenderness in right hypochondriae region, jaundice and rise of temperature. He made a plea for the early diagnosis and operation, saying that the operation in the first class of cases is a very simple matter, while removing a stone from the common duct was once of the most difficult of all abdominal surgery. The paper was discussed at length by Drs. Myer, Brown, Blair, Kieffer, Morfit, Funkhouser and others.

Dr. J. Y. Brown presented four cases on which he had operated; two gastric ulcers, one cancer of stomach, and one, gunshot wound of stomach and liver. He gave an interesting talk on stomach surgery. He also emphasized the importance of early diagnosis and operative interference in this class of cases, an urged the general practitioner to visit the operating room more frequently. The cases were discussed by Drs. Myer and Bartlett.

J. E. Graham, Reporter.

## ST. LOUIS COUNTY MEDICAL SOCIETY.

The regular meeting of the St. St. Louis County Medical Society was held at Clayton, January 10th, with Drs. Carter, Koch, Townsend, Denny, Thurman, Hanpeter, Randle, Wyer, Reynolds, Heidorn, Jensen and Moore present. During the ab-

sence of President Carter, and Vice President Guibor, at the opening. Dr. E. J. Thurman was elected chairman pro tem.

The Committee on Elections and Ethics failing to report H. G. Wyer moved to suspend by-laws temporarily and vote on the admission to membership of Dr. P. M. Brossard of Maplewood and L. F. O'Brien, of Sappington.

Motion carried,and both gentlemen were elected members. Dr. Thurman surrendered chair to Dr. Carter, who in an interesting address outlined the work for the current year. He advanced some intersting and excellent ideas concerning the value of membership in the County Society and the best uses to which it may put, with mutual benefits resulting.

He advocated a circulating medical library, and urged the members to make efforts in scientific medical research.

H. G. Wyer, Howard Carter and E. J. Thurman were elected censors.

R. D. Moore was elected reporter to the JOURNAL.

Dr. W. L. Townsend read an excellent paper on La Grippe, which was discussed by a number of members.

The chair announced the following committees—Program: Howard Carter, R. D. Moore, F. E. Guibor. Public Health and Sanitation: John Pitman, R. M. Higgins, W. L. Townsend. Meeting Place: O. W. Koch, H. G. Wyer, S. H. Reynolds. Printing: N. N. Jensen, W. R. Hanpeter, R. B. Denny.

R. D. MOORE, Reporter.

## ST. GENEVIEVE COUNTY MEDICAL SOCIETY.

The St.Genevieve County Medical Society held its regular monthly meeting on January 10th at the office of Dr. Hinck, the President, Dr. Moore, in the chair. There was a fair attendance of members. The minutes of the last meeting were read and approved. Dr. Rutledge spoke on some of the evils that creep in when proprietary preparations are prescribed in original packages.

The committees and a delegate were appointed by the president to serve for the ensuing year.

Letters were read concerning the conduct of Dr. Guido Schaff and referred to the proper committee.

The application of Dr. J. A. Wilkins, of St. Mary for membership was reported upon favorably and he was duly elected. President elect Moore's address to the Society was greatly appreciated by those present and on motion it was ordered filed with the secretary. No further business appearing the society adjourned until the 2nd Wednesday in February.

R. W. LANNING, Secretary.

## STODDARD COUNTY MEDICAL SOCIETY.

The regular bi-monthly meeting of Stoddard County Medical Society was held at Bloomfield on January 3d. There was only a small number of members present owing to bad roads. Dr. D. R. Corbin, retiring president, entertained the members with a bountiful repast which was highly appreciated. Dr. T. C. Allen, president-elect, was pre-

vented from attending, much to the regret of all present. This is the first meeting since the organization of the Society which Dr. Allen has failed to attend.

At one P. M. the society was called to order by Dr. Corbin with the following members present: Drs. Ashley, Corbin, Evans, Edmore, Phillips, Turnbaugh, Wingo and Vernon. The minutes of the previous meeting were read and approved. Dr. T. B. Wingo reported a case of "Post Pharyngeal Abscess". When the case was first seen it was impossible to make a positive diagnosis, but on a second visit it was determined that pus was present and an incision to the right of the medium line was made. This was followed by a free discharge of thick fetid pus. The patient refused to take an anesthetic or allow any further operative treatment although this was advised in order to render the abscess cavity free from carious bone. Later there devoloped two openings on the outside of the neck which discharge small spiculae of bone. The patient was wasting rapidly. No microscopical examination of the discharge was made, but the history and clinical symptoms point to a tubercular disease of the vertebrae. This case was discussed by Drs. Evans, Turnbaugh and Corbin. Quiz was postponed until the next meeting.

Dr. John Asley read a paper on "The Nostrum Evil; the cause and Cure". He thought the profession was largely to blame for the general use of nostrums by the people and that often there was a distinction without a difference in some of them. He suggested that physicians should know more of the contents of these preparations in order to enable them to give the public good reaons for refusing to use them. He did not approve of the promiscuous use of ready made preparations as he believed this tended toward getting into "ruts". Many times a single remedy or a combination of remedies prepared at the time would meet the indications far better. He spoke of the various methods that had been advocated to meet the evil and suggested some new thoughts for the consideration of the Society. In opening the discussion Dr. Vernon said that as long as the Journal of the American Medical Association and our own Journal carried objectionable advertisements it would be difficult for the physicians themselves to counteract the evil to any extent. The subject was further discussed by Dr. Wingo and others. The next meeting will be held at Bloomfield at one P. M. on the first Wednesday in March.

GEORGE W. VERNON, Reporter.

## WORTH COUNTY MEDICAL SOCIETY.

The Worth County Medical Society gave their first annual banquet on Wednesday evening January 10th. The occasion was one that will long be remembered by the doctors and their wives and sweethearts, as the banquet was a success.

D. E. H. Miller, of Liberty, Mo., district counselor, delivered the address of the evening at the First Presbyterian church, and it was the finest address ever given in our city along medical lines.

The Grant City Orchestra under the direction of Prof. R. G. Gruber furnished the music.

After the entertainment the doctors an their wives went to the Spafford House, where the genial host, Mr. Wilber McReynolds, had prepared an elaborate menu for his guests.

Immediately following the banquet, the following toasts were proposed:

Uses and Abuses of Remedial Agents," Dr. T. J. Smith; "Dentistry in Relation to Medicine," Drs. S. C. Davidson; "The Doctor's Wife," Dr. John Andrews; "Consultation," Dr. W. E. McKinley; "Care of Teeth," Dr. F. E. Thomas; "Beaumont," Dr. H. P. Mills; "J. Marion Sims," Dr. J. K. Phipps; "A Tooth," Dr. Wilson.

Editors Dillon and Garver were the invited guests of the society, and were called upon for short addresses.

Dr. O. P. M. Mills had charge of the arrangements for the banquet and deserves great praise for making it such a successful affair.

J. K. PHIPPS, Secretary.

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# BOOK REVIEWS.

A Text Book of Operative Surgery. Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, M. D., Phar. M., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans, etc. Handsome octavo of 984 pages with 559 illustrations, entirely original. Philadelphia, New York, London. W. B. Saunders & Company, 1905. Cloth, $6.00 net; Sheep or Half Morocco, $7.00 net.

That the first edition should be exhausted in six months is evidence of the appreciation of the author's work by the profession. Too brief a time has elapsed since the appearance of the original edition to introduce any radical revision, however, numerous minor changes have been made. This work completely covers the surgical anatomy and operative technic involved in the operations of general surgery. The work presents the best technic of modern surgeons in the operations mentioned with a brief summary of the descriptive and surgical anatomy of the structures involved. It is constructed on thoroughly new lines, the subject being remarkably systematized and arranged in an original manner. The subjects have been grouped under: The Operations of General Surgery: (Part 1), and, The Operation of Special Surgery (Part 2). The progressive steps of the various operations are detailed with unusual clearness with 559 magnificent illustrations, which at the same time represent the highest artistic skill and excellence. The illustrations are particularly helpful

in that the bones, muscles, etc., are clearly indicated together with lines of incision. The text is fully up to date with the advance of surgery, all recent improvements in technic being fully discussed. It is a most excellent work and helpful alike to both students and practitioners.

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Genito-Urinary Surgery and Venereal Diseases, by J. William White, M. D., John Rhea Barton Professor of Surgery, University of Pennsylvania, and Edward Martin, M. D., Professor of Clinical Surgery, University Pennsylvania. Illustrated with Three Hundred Engravings and Fourteen Colored Plates. Sixth Edition, J. B. Lippincott Co., Philadelphia.

This sixth revision is in accordance with the latest teaching and practice in this branch of surgery. All the latest improvements in technic are added. Many new illustrations have been inserted and some of the sections re-written. As in the former edition it has been the aim of the author to make the volume one of practical use to the busy physician. Much space has been devoted to symptomatology, diagnosis, and treatment, while the pathological characteristics are briefly discussed. Technic, both operative and manipulative, is given in detail; emphasis is laid on the study of urine and its constituents produced by disease. The book is much improved and its teachings, direct, clear and practical, thorough and up to date, in every detail. The stress laid on differential diagnosis is a very strong feature. Another strong point is the index which is the most complete of its kind.

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Transactions of the New Hampshire Medical Society at the One Hundred and Fourteenth Anniversary, held at Concord, May 18 and 19, 1905. Ira C. Evans Co., Printers, Concord, N. H. The following are some of the papers read and reported: The Premonitory Symptoms of Insanity and Their Significance, by Albert E. Browning, M. D.; Malingering, by M. B. Sullivan, M. D.;Acromegaly, by M. T. Stone, M. D.; Case of Tetanus Treated with Antitetanic Serum, by N. W. McMurphy, M. D.; Orthopedic Operations and the Treatment of Flat-Foot, by George C. Wilkins, M. D.; Thrombosis and Embolism, with a Report of Two Cases, by P. H. Greeley, M. D.; Cerebro-Spinal Meningitis, by G. M. Davis, M. D.; Purulent Conjunctivitis, by H. D. W. Carvelle, M. D.; Report of Operations on Two Cases of Extra-Uterine Pregnancy with rupture, by George A. Tolman, M. D.; The Toxemia of Pregnancy, by Herbert L. Taylor, M. D.; Danger Signals and Beacon Lights in Gynaecology, by H. L. Stickney, M. D.; Medicine, Theology and Superstition, by J. Elizabeth Hoyt, M. D.; Contract Medicine, by James T. Greeley, M. D.; An Operation for Cleft Palate, by H. L. Smith, M. D.; Dysmenorrhoea as Associated with Anteflexion of the Uterus, by David W. Parker, M. D.

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Transactions of the South Dakota State Medical Association for the year 1905. The Transactions

have just come to our desk contains many interesting papers and discussions, and the report of the proceedings gives credit to an active and progressive association. Some of the papers reported are: Treatment of Lobar Pneumonia, by Dr. E. T. Ramsey; Mixed Infections in Acute Diseases of Children, by Dr. J. L. Stewart; Acute Articular Rheumatism, by Dr. C. W. Hargens; Anesthesia, General and Local, by Dr. J. L. Foxton; Peritonitis, with Report of Fatal Cases, by Dr. H. J. Rock; Drainage in Diffuse Septic Peritonitis, by Dr. VanBuren Knott; Hypertrophy of the Lower Turbinates, by Dr. R. D. Alway; Surgery that the Country Doctor Should Do, by Dr. L. J. Townsend; Phimosis, by Dr. J. F. D. Cook; The West as a Field for the Woman Physician, by Dr. Anna R. Baker; Treatment of Typhoid Fever, by Dr. G. F. Jewett.

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A compend of Medical Chemistry, Inorganic and Organic, including Urinary Analysis. By Henry Leffmann, A. M., M. D., Professor of Chemistry in the Woman's Medical College of Pennsylvania, and in the Wagner Free Institute of Science. Fifth Edition—Revised, $1.00. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

This revised Fifth Edition is well arranged, full, concise, and up to date. It is thorough and in a condensed practical form making it doubly valuable to the busy student. It is based not on one text-book but on the most popular text-books and lectures of prominent professors making it available to students of all colleges. It is not intended to take the place of the text-books but as an aid to students making the taking of voluminous notes unnecessary. It is of value to the practitioner on account of the clearness, conciseness, and correctness of its statements. The subject matter is arranged as to: 1st. General Principles; 2nd, Descriptive Chemistry; 3d, Organic Chemistry; 4th, Clinical Chemistry; 5th, Table of Element.

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Differential Diagnosis and Treatment of Diseases. A text-book for Practitioners and advanced Students. By Augustus Caille, M. D.; Fellow of the New York Academy of Medicine; Member and Ex-President of the American Pediatric Society; Professor of Diseases of Children; New York Post-Graduate Medical School and Hospital; Visiting Physician to the New York Post-Graduate and German Hospital; Consulting Physician to Isabella Home and Hospital, etc. With two hundred and twenty-eight illustrations in the text. D. Appleton and Company, New York.

The author has taken a departure from the well defined method in writing medical books. It brings the domain of practical medicine within the grasp of the family physician and will be a great aid to the advanced student in acquiring a clinical foundation. A strong attempt has been made to reestablish the relations between internal medicine and surgery, therefore special methods from the view-point of the general clinician are given, believing that the presentation and many methods of diagnosis and treatment worked out by the specialist should

be common property to the profession. Exhaustive and theoretical details are avoided but on the other hand offers much practical clinical experience which will enable the practitioner to make use of the practical details of his art at the bed side. Prominence has been given to hygienic, prophylactic, dietetic, hydrotherapeutics and physical method of treatment, while throughout the book are distributed many well tried formulae. There are special chapters on the technique of Diagnosis and Laboratory Aids, on paediatrics, on diseases of the Osseous, Muscular and Articular System, on Nutrition and Diet, on the Management of Dropsy and Effusion, on Massage, Vibration, Dry Hot Air Treatment, Poisons and Anesthesia. Each chapter is prefaced by a synopsis of its contents and by brief introductory remarks on the clinical pathology of its subject. A lucid brevity has been maintained through the volume.

Dr. S. Weir Mitchell has written a new novel with the title "A Diplomatic Adventure." the first chapter appearing in the February *Century*. In the opening sentences Dr. Mitchell gives an idea of the scene and setting:

No man has ever been able to write the history of the greater years of a nation so as to include the minor incidents of interest. They pass unnoted, although in some cases they may have had values influential in determining the course of events. It chanced that I myself was an actor in one of these lesser incidents, when second secretary to our legation in France, during the summer of 1862. I may possibly overestimate the ultimate importance of my adventure, for Mr. Adams, our Minister at the court of St. James, seems to have failed to record it, or, at least, there is no allusion to it in his biography. In the perplexing tangle of the diplomacy of the darker days of our Civil War, many strange stories must have passed unrecorded, but surely none of those remembered and written were more singular than the occurrences which disturbed the quiet of my uneventful life in the autumn of 1862.

The opening chapter promises a story of unusual interest, written in Dr. Mitchell's own entertaining style.

## County Societies in Affiliation with the State Medical Association

| County. | President | Address of President. | Secretary | Address of Secretary |
|---|---|---|---|---|
| Adair | James Hanks | Brashear | E. C. Grim | Kirksville |
| Andrew | D. B. Bryant | Savannah | C. O. Jeffries | Savannah |
| Atchison | W. G. Stafford | Tarkio | A. McMichael | Rockport. |
| Audrain | C. A. Rothwell | Mexico | E. S. Cave | Mexico. |
| Barton | G. D. Allee | Lamar | J. L. McComb | Lamar. |
| Bates | J. R. Coulson | Spruce | E. N. Chastain | Rich Hill. |
| Benton | G. S. Greeson | Lincoln | S. O. Davis | Warsaw. |
| Boone | I. E. Thornton | Columbia | W. A. Norris | Columbia. |
| Buchanan | P. I. Leonard | St. Joseph | Chas. W. Fassett | St. Joseph. |
| Butler | J. J. Norwine | Poplar Bluff | Ira W. Seybold | Poplar Bluff. |
| Caldwell | R. K. Dodge | Palo | Tinsley Brown | Hamilton. |
| Callaway | J. F. Harrison | Fulton | Martin Yates | Fulton. |
| Camden | G. M. Moore | Linn Creek | G. T. Myers | Macks Creek. |
| Cape Girardeau | H. L. Cunningham | Cape Girardeau | J. D. Porterfield, Jr. | Cape Girardeau. |
| Carroll | W. C. Baird | Bogard | R. F. Cook | Carrollton. |
| Carter-Shannon | F. Hyde | Eminence | J. A. Chilton | Van Buren. |
| Cass | G. W. Farrow | East Lynne | W. F. Chaffin | Raymore. |
| Charlton | J. R. Gaines | Mussel Fork | C. A. Jennings | Salisbury. |
| Clark | H. W. Harris | Winchester | A. C. Bridges | Kahoka. |
| Clay | L. J. Jones | Linden | F. H. Matthews | Liberty. |
| Clinton | John Sturgis | Perrin | E. A. Colley | Plattsburg. |
| Cole | G. Ettmueller | Jefferson City | A. W. McAlester | Jefferson City. |
| Cooper | P. L. Hurt | Boonville | J. R. Lionberger | Boonville. |
| Crawford | W. A. Metcalf | Steelville | A. H. Horn | Steelville. |
| Davies | J. D. Dunham | Pattonsburg | M. A. Smith | Gallatin. |
| Dunklin | N. F. Kelley | Kennett | G. L. Johnson | Kennett. |
| Franklin | H. A. Booth | Pacific | A. C. Brown | Moselle. |
| Gasconade-Maries-Osage | J. J. Ferrell | Owensville | J. W. Nieweg | Lois. |
| Greene | G. W. Barnes | Springfield | Robt. M. Cowan | Springfield. |
| Grundy | N. E. Sutton | Trenton | W. H. Winningham | Trenton. |
| Harrison | A. H. Vandivert | Bethany | W. H. Wiley | Ridgeway. |
| Henry | W. H. Benway | Deepwater | R. D. Haire | Clinton. |
| Holt | C. L. Evans | Oregon | J. F. Chandler | Forest City. |
| Howard | V. Q. Bonham | New Franklin | C. W. Watts | Fayette. |
| Howell | A. H. Thompson | Lanton | A. H. Thornburgh | West Plains. |
| Iron | R. W. Gay | Ironton | Ira A. Marshall | Ironton. |
| Jackson | Robt. T. Sloan | Kansas City | Max Goldman | Kansas City. |
| Jasper | I. D. Pifer | Joplin | R. M. James | Joplin. |
| Jefferson | T. L. Bradley | DeSoto | H. Will Elder | DeSoto. |
| Johnson | W. H. Farrar | Warrensburg | E. H. Gilbert | Warrensburg. |
| Knox | L. S. Brown | Edina | Henry J. Jurgen | Edina. |
| Laclede | J. C. Jacobs | Conway | P. L. Pritchett | Lebanon. |
| Lafayette | P. S. Fulkerson | Lexington | C. T. Ryland | Lexington. |
| Lawrence | J. A. Harris | Mt. Vernon | C. A. Moore | Aurora. |
| Lincoln | S. R. McKay | Troy | Wm. P. Smith | Troy. |
| Linn | I. W. Mason | Brookfield | Foster Burke | Laclede. |
| Livingston | L. E. Tracy | Chillicothe | J. F. Cherrington | Chillicothe. |
| McDonald | E. F. Doty | Anderson | M. L. Sellers | Anderson. |
| Macon | W. H. Miller | Macon | C. W. Reagan | Macon. |
| Madison | G. W. Greenwood | Fredericktown | C. U. Davis | Fredericktown. |
| Marion | Richard Schmidt | Hannibal | H. L. Banks | Hannibal. |
| Mercer | H. P. Chesmore | Princeton | C. R. Buren | Princeton. |
| Miller | S. P. Hickman | Ulman | G. D. Walker | Eldon. |
| Mississippi | P. P. Boggan | East Prairie | W. P. Howle | Charleston. |
| Moniteau | I. M. Robertson | Latham | W. R. Patterson | Tipton. |
| Monroe | S. M. Brown | Monroe City | M. C. McMurry | Paris. |
| Montgomery | J. L. Jones | Jonesburg | W. M. Wheeler | High Hill. |
| Morgan | W. L. Hatler | Barnett | I. T. Beale | Versailles. |
| Newton | R. L. Wills | Neosho | Horace Bowers | Neosho. |
| New Madrid | Welton O'Bannon | New Madrid | C. W. Watson | New Madrid. |
| Nodaway | F. R. Anthony | Maryville | L. E. Dean | Maryville. |
| Pemiscot | I. G. Luten | Caruthersville | John Johnson | Hayti. |
| Perry | T. M. Hudson | Perryville | F. M. Vessells | Perryville. |
| Pettis | W. C. Overstreet | Sedalia | W. J. Ferguson | Sedalia. |
| Phelps | W. H. Bruer | St. James | S. L. Bavsinger | Rolla. |
| Pike | M. O. Biegs | Bowling Green | T. Guy Hetherlin | Louisiana. |
| Platte | C. H. Chastain | Weston | G. C. Coffey | Platte City. |
| Pulaski | W. L. Ragan | Richland | G. W. Orrick | Crocker. |
| Putnam | C. H. Carryer | Hartford | T. A. Townsend | Unionville. |
| Ralls | W. S. Harwood | Rensselaer | T. J. Downing | New London. |
| Randolph | G. O. Cuppaidge | Moberly | W. M. Dickerson | Renick. |
| Ray | L. D. Greene | Richmond | E. F. Higdon | Richmond. |
| Reynolds | I. M. Lowrey | Centerville | T. W. Chilton | Corridon. |
| Ripley | S. A. Proctor | Doniphan | I. F. Redwine | Doniphan. |
| Saline | D. C. Gore | Marshall | D. F. Bell | Marshall. |
| St. Charles | I. R. Mudd | St. Charles | R. K. Stumberg | St. Charles. |
| St. Clair | W. Cline | Appleton City | E. D. Miles | Osceola. |
| Ste. Genevieve | C. Moore | St. Marys | R. W. Lanning | St. Genevieve. |
| St. Louis | Geo. Homan | Odd Fellows Building | Hart Godloe | Vanol Building. |
| St. Louis Co. | Howard Carter | Webster Groves | R. D. Moore | Central. |
| Schuyler | I. T. Jones | Queen City | H. E. Gerwig | Downing. |
| Scotland | A. L. Davis | Arbela | O. F. Pile | Memphis. |
| Shelby | L. W. Dallis | Hunnewell | A. M. Wood | Lentner. |
| Stoddard | D. R. Corbin | Bloomfield | John Ashley | Bloomfield. |
| Sullivan | I. C. Kessenger | Milan | I. S. Montgomery | Milan. |
| Vernon | E. A. Dulin | Nevada | T. B. Todd | Richards. |
| Warren | W. J. Alexander | Marthasville | E. A. Fluesmeier | Wright City. |
| Washington | I. A. Eaton | Belgrade | W. S. Smith | Belgrade. |
| Wayne | I. P. Sebastain | Patterson | R. J. Owens | Mill Spring. |
| Worth | O. H. P. Mills | Grant City | J. K. Phipps | Grant City. |

## MEETINGS OF THE COUNTY MEDICAL SOCIETIES

| County. | | Date of Meeting. |
|---|---|---|
| Adair | Quarterly. | Last Tuesday, Jan., April, July, Oct. |
| Andrew | Monthly. | First Wednesday. |
| Atchison | Quarterly. | January, April, July, October. |
| Audrain | Monthly. | First Monday. |
| Barton | Quarterly. | First Thursday, May, Aug., Nov., Feb. |
| Bates | Quarterly. | Last Thursday in Feb., May, Aug. and Nov. |
| Boone | Monthly. | First Monday. |
| Buchanan | Semi-Monthly. | First and Third Saturday. |
| Butler | Monthly. | Last Friday. |
| Caldwell | Quarterly. | July, October, January, April. |
| Callaway | Monthly. | Second Thursday. |
| Camden | Quarterly. | Second Monday, April, July, Oct., and Jan. |
| Cape Girardeau | Monthly. | Second Wednesday. |
| Carroll | Monthly. | Second Tuesday. |
| Carter-Shannon | Quarterly. | February, May, August and November. |
| Cass | Quarterly. | First Thursday of March, June, Sept. and Dec. |
| Chariton | Monthly. | Last Thursday. |
| Clark | Bi-Monthly. | First Mondays, Feb., April, June, Aug., Oct., Dec. |
| Clay | Monthly. | Last Monday. |
| Clinton | Monthly. | First Tuesday. |
| Cole | Quarterly. | Second Thursday of Jan., April, July, Oct. |
| Cooper | Monthly. | First Tuesday. |
| Crawford | Quarterly. | First Tuesday, April, July, October, January. |
| Daviess | Quarterly. | January, April, July, October. |
| Dunklin | Monthly. | Second Tuesday. |
| Franklin | Monthly. | First Tuesday. |
| Gasconade-Maries-Osage | Semi-Annual. | Fourth Thursday, April and October. |
| Greene | Semi-Monthly. | Second and Fourth Friday. |
| Grundy | Quarterly. | July, October, January, April. |
| Harrison | Quarterly. | Third Tuesday, January, April, July, October. |
| Henry | Quarterly.— | Second Wednesday, Dec., March, June, Sept. |
| Holt | Quarterly.— | First Thursday, January, April, July, October. |
| Howard | Monthly. | First Friday. |
| Howell | Bi-Monthly. | First Thursday of Dec., Feb., April, June, Aug., Oct. |
| Iron | Monthly. | First Saturday. |
| Jackson | Semi-Monthly. | Second and Fourth Thursdays. |
| Jasper | Semi-Monthly. | First and Third Mondays. |
| Jefferson | Monthly. | Fourth Tuesday. |
| Johnson | Quarterly. | June, September, December, March. |
| Knox | Monthly | First Monday. |
| Laclede | Quarterly. | Second Monday, Jan., April, July, Oct. |
| Lafayette | Monthly. | Second Tuesday, Jan., Mch., May, July, Sept., Nov. |
| Lawrence | Monthly. | |
| Lincoln | Quarterly. | May, August, November, February. |
| Linn | Quarterly. | October, January, April, July. |
| Livingston | Monthly. | Third Wednesday. |
| McDonald | Quarterly. | Second Wednesday, Jan., April, July, Oct. |
| Macon | Monthly. | Second Tuesday. 10 a. m. |
| Madison | Semi-Monthly. | First and Third Monday. |
| Marion | Monthly. | First Friday. |
| Mercer | Monthly. | Second Thursday. |
| Miller | Quarterly. | First Thursday, March, June, Sept., Dec. |
| Mississippi | Monthly. | First Monday. |
| Moniteau | Quarterly. | March, June, September, December. |
| Monroe | Quarterly. | First Tuesday of April, July, October, January. |
| Montgomery | Monthly. | |
| Morgan | Quarterly. | First Wednesday of March, June, Sept., Dec |
| New Madrid | | |
| Newton | Monthly. | Second Tuesday. |
| Nodaway | Monthly. | Second Tuesday. |
| Pemiscot | Quarterly. | First Tuesday, January. April, July, November. |
| Perry | Monthly. | First Wednesday. |
| Pettis | Semi-Monthly. | First and Third Monday. |
| Phelps | Quarterly. | March, June, September, December. |
| Pike | Monthly. | |
| Platte | Monthly. | First Wednesday. |
| Pulaski | Quarterly. | November, February, May, August. |
| Putnam | Monthly. | First Wednesday. |
| Ralls | Quarterly. | January, April, July and October. |
| Randolph | Monthly. | Second Tuesday. |
| Ray | Monthly. | Third Wednesday. |
| Reynolds | Quarterly. | January, March, June, October. |
| Ripley | | |
| Saline | Monthly. | Second Tuesday. |
| St. Charles | Monthly. | |
| St. Clair | Quarterly. | Second Tuesday, March, June, Sept., Dec. |
| Ste. Genevieve | Monthly. | Second Wednesday. |
| St. Louis | Weekly. | Saturdays. |
| St. Louis County | Monthly. | Second Wednesday. |
| Schuyler | Semi-Annually. | July and December. |
| Scotland | Monthly. | Second Tuesday. |
| Shelby | Quarterly. | June, September, December, March. |
| Stoddard | Bi-Monthly. | First Wednesday, Jan., Mch., July, Sept., Nov. |
| Sullivan | Monthly. | |
| Vernon | Quarterly. | First Tuesday, March, June, Sept. and Dec. |
| Warren | Monthly. | |
| Washington | Monthly. | First Saturday. |
| Wayne | Monthly. | |
| Worth | Monthly. | Second Wednesday. |